

**In Venue FDC ENROLMENT FORM**

Jiggi OSHC

Child Information

Surname:	Given names:	
Preferred Name:	DOB:	Male: [] Female: []
Home Address:	Post Code:	
Home Language:	Place of Birth:	
Centrelink CRN:	Medicare Number:	Card #
Indigenous:	Ethnicity:	

Parent / Guardian 1 Information (person claiming CCB)

Surname:	Given names:	
Relationship to Child:	Email Address: (essential)	
Residential Address:	Post Code:	
Postal Address:		
Home Phone:	Work Phone:	Mobile Number:
DOB:	Place of Birth:	Male: [] Female: []
Centrelink CRN:	This CRN will be used for this enrolment	
Work Status: Full Time: [] Part time: [] Casual: [] Seeking Work: [] Studying: [] Home Duties: []		
Occupation:	Employer/Business Name:	
Indigenous:	Ethnicity:	
Home Language:		
This person is authorised to collect the child, and may nominate emergency contacts.		
Is this person responsible for payment of childcare fees? Yes: [] No: []		

Parent / Guardian 2 Information

Surname:	Given names:	
Relationship to Child:	Email Address: (essential)	
Residential Address:	Post Code:	
Postal Address:		
Home Phone:	Work Phone:	Mobile Number:
DOB:	Place of Birth:	Male: [] Female: []
This person's Centrelink CRN will not be used for this enrolment. A change of CRN will require a new enrolment.		
Work Status: Full Time: [] Part time: [] Casual: [] Seeking Work: [] Studying: [] Home Duties: []		
Occupation:	Employer/Business Name:	
Indigenous:	Ethnicity:	
Home Language:		
Is this person authorised to collect the child? Yes: [] No: [] If no, please provide relevant Court Orders.		
Is this person liable to pay the childcare fees? Yes: [] No: []		

Photographs / Videos

I give permission for my child to be photographed for internal use such as programming.	Yes: []	No: []
I give permission for my child to be videoed for documentation and educational programming.	Yes: []	No: []
See privacy statement page 4 for more information		
I give permission for my child to be photographed for publicity, bulletins, training (no names released).	Yes: []	No: []

Emergency Contacts / Authorised Nominees (other than parents)

Surname:	Given names:	
Authorised to Approve: Collection of child: Yes: [] No: [] Excursions: Yes: [] No: [] Medication: Yes: [] No: []		
Emergency medical treatment: Yes: [] No: [] Alternative emergency authorised Nominee: Yes: [] No: []		
Relationship to Child:	Residential Address:	
Home Phone:	Work Phone:	Mobile Number:

Surname:	Given names:	
Authorised to Approve: Collection of child: Yes: [] No: [] Excursions: Yes: [] No: [] Medication: Yes: [] No: []		
Emergency medical treatment: Yes: [] No: [] Alternative emergency authorised Nominee: Yes: [] No: []		
Relationship to Child:	Residential Address:	
Home Phone:	Work Phone:	Mobile Number:

Authorised Nominees can approve alternative persons to collect. Always keep these contacts details current.

Medical Information

Family Doctor/Medical Centre Name:			
Address:		Phone:	
Health Fund: Yes: [] No: []	Ambulance Cover: Yes: [] No: []		
Is your child Immunised? Yes: [] No: []			

Does your child have any of the following? If yes to any, a Health Management Plan may be required.

Chronic illness or injury with long term effects:	No: [] Yes: []	Please provide details below:
Physical or Cognitive Disability:	No: [] Yes: []	Please provide details below:
Current medical treatment:	No: [] Yes: []	Please provide details below:
Other treatments (sight, hearing, speech, behavior):	No: [] Yes: []	Please provide details below:
Allergies of any kind:	No: [] Yes: []	Please provide details below:
Asthma or respiratory problems:	No: [] Yes: []	Please provide details below:

Details:

Have all Health Management Plans been completed and copy attached: No: [] Yes: [] Not applicable: []

Court Orders / Consent Agreements / Parenting Plans

Are there any Court Orders or Parenting Plans affecting this child?	No: [] Yes: [] Attached: Yes: [] No: []
Are there any informal agreements in place affecting this child?	No: [] Yes: [] Attached: Yes: [] No: []
Are there any persons not allowed to collect your child?	

Please be advised that if there are no relevant court orders, a non resident biological parent may be contacted in the event of an emergency, and is entitled to some information about their child (residential addresses will not be provided unless ordered by a court).

Child Enrolment Details

Do you have any other children attending Child Care Services each week? No: [] Yes: [] How many?

Do you wish to claim a multiple child CCB %?(this will reduce your cost of care) No: [] Yes: []

Authorisations and Permissions

1. I understand that it is necessary to sign my child out, recording the exact time for each session used.
2. I understand that fees are payable for all absences, and that exceeding my allowable absences (42 per year) will require payment of the full cost of care.
3. I agree to give the OSHC service at least one hours notice if my child will be absent from care. I will inform the service of when my child will return to care after an absence period.
4. I agree to notify the Coordinator as soon as possible of any changes to the information contained in this Enrolment Form.
5. I understand that fees must be paid in advance. Falling into arrears may result in cancellation of enrolment.

6. I understand that if I am claiming Child Care Benefit my child must be physically in attendance on the first and last day of booked care. Absences on the first day of care or on the last day of care do not receive Child Care Benefit.
7. I agree to pay full fees until I provide the Coordinator with written confirmation of my CCB approval.
8. I agree to pay any fee underpayments resulting from reduction or cancellation of my CCB and CCR entitlements.
9. I agree to notify the service in advance if any person not listed on this enrolment form is to collect and sign for my children.
10. In the event that I cannot be contacted, I agree to allow the Coordinator to administer an appropriate dose of Paracetamol to my child should he or she be suffering from a fever.
11. I agree to provide 7 days notice to the Coordinator if I wish to change cancel the Childcare Contract.
12. I agree to remove my child from care as soon as possible if it is determined that my child is too ill to be in care, or is suffering from a contagious disease, as per the NHMRC guidelines.
13. In the event that Head Lice are found on my child, I agree to treat the infestation prior to resuming care.
14. I authorize the Coordinator to arrange emergency hospital, medical or dental treatment, including transport by ambulance, in the event that no parent or any other authorized nominees can be contacted. I agree to pay any associated medical and ambulance costs. (Parents are encouraged to take out Ambulance Insurance).
15. I agree to keep the Coordinator informed of any changes to my child's health condition and complete and update Health Management Plans as required by the service.

OSHC EMERGENCY PROCEDURES

This service is only approved for a maximum of 7 school aged children. Consequently, only one Educator will supervise the children. This fact will impact on the range of possible responses in the event of an emergency. Other operational policies and procedures will also reflect this staffing limitation;

1. In the event of an emergency, the OSHC Coordinator will seek assistance from the School Principal (if the Principal is still on school grounds), or from any other adults authorised to be on site, including cleaners and teachers.
2. The Coordinator may also call other staff residing near the school if prior arrangements have been made.
3. The OSHC Coordinator will at all time carry a mobile phone and emergency phone numbers when not in the activity room.
4. In the event of a child becoming seriously ill or injured, the Coordinator will contact the relevant emergency service after providing first aid, and then contact the child's parent(s).
5. In the event of a risk to children's safety due to an intruder, the Coordinator will take all possible steps to ensure the children's safety, including; calling the police or other staff for assistance, locking access to the main activity room, leaving the area with the children and proceeding to a pre-designated Safe House.
6. Whilst the Coordinator will take all reasonable steps to ensure children remain under direct supervision, it is acknowledged that there may be brief instances where this is not possible. These instances will be routinely reported to management for on-going assessment.
7. It is also acknowledged that the Coordinator will not be able to pursue a child who is determined to leave the school grounds. In this event, the Coordinator will immediately phone the child's parent or designated emergency contact person.
8. All children attending the service must be willing to follow the directions of the Coordinator, and understand that they must never leave the school grounds without permission. It is each parent's responsibility to ensure their children abide by these rules. **In the event of non-compliance the child's enrolment will be terminated.**

I, the parent named on this form declare that the information on this form is correct, and I undertake to immediately inform Northern Rivers Childcare Services in the event of any changes to this information. I agree to abide by all the authorizations and permissions on this form. By signing this declaration, I affirm acceptance of these emergency procedures as being conditions of enrolment in the service. Furthermore, I accept that there may only be one staff member present at any time, and that there may be practical limitations to the extent of the supervision and assistance that staff member can provide to my child in care.

Full Name: _____ Signature: _____ Date: _____

Witnessed by: _____ Signature: _____

Contracted Hours (office use)

Parents who are working or studying less than 15 hours p/w are entitled to a maximum of 24 hours of CCB subsidised childcare per week. Child Care Rebate (CCR) may not be available to these parents.

Parents working or studying 15 or more hours p/w are entitled to a maximum of 37.5 standard hours of CCB subsidised childcare per week. These parents are also entitled to CCR. We prefer that parents have their CCR paid to us weekly.

Before School Care (2 hour session)

Start Date	Mon		Tue		Wed		Thurs		Fri		Sat		Sun		Total hours
	Start	Finish	Start	Finish	Start	Finish	Start	Finish	Start	Finish	Start	Finish	Start	Finish	

After School Care (3 hour session)

Start Date	Mon		Tue		Wed		Thurs		Fri		Sat		Sun		Total hours
	Start	Finish	Start	Finish	Start	Finish	Start	Finish	Start	Finish	Start	Finish	Start	Finish	

Vacation Care (10 hour session)

Start Date	Mon		Tue		Wed		Thurs		Fri		Sat		Sun		Total hours
	Start	Finish	Start	Finish	Start	Finish	Start	Finish	Start	Finish	Start	Finish	Start	Finish	

School vacation periods required:

Comments:

Fees (this estimate is based on fees current at the time of enrolment)

Families eligible for CCB & CCR should apply to DHS **prior to care commencing.**

Full Fee	Less CCB Estimate	Subsidised Fee	Less CCR Estimate	Estimated Out-of-Pocket Fee p/w
\$	\$	\$	\$	\$
\$	\$	\$	\$	\$

Payments are made to the Educator: Weekly: [] Fortnightly: [] Monthly: [] School Term: []

Method of payment: Cash: [] Cheque: [] Electronic: [] – Details:

Receipts will be issued for cash payments. Statements will be issued to the email address of the paying parent.

Deposit Taken: \$ Fees in Advance: \$

Office Use Only

Parent/ Guardian ID sighted	Yes / No		CCB %
Enrolling Officer:			Date:
Enrolment fee paid?	Yes / No \$	Court Orders attached?	Yes / No / N/A
Deposit paid:	\$	Receipts Issued:	\$
ACIR Statement?	Yes / No / N/A		
Health Management Plan requirements explained & given to parent for completion: Yes / No / N/A			
Notes:			

Northern Rivers Children's Services Limited (NRCS Ltd) collects personal information to fulfill regulatory requirements. This information also allows us to source and provide quality childcare which meets the individual needs of your family and for the purpose of claiming Child Care Benefit (CCB) and Child Care Rebate (CCR). We disclose information to other persons only when required to be given to the regulatory authorities or as expressly authorized, permitted or required to be given under any legislation, act or law. If you are unable to provide the information required for your child's enrolment we may not be able to effectively complete the enrolment process. The original of this form will be stored in a secure place at our office and may be accessed by you on request. One copy is provided to you and your Educator. Forms are destroyed after being kept for the period prescribed by Law. Forms are destroyed if care does not go ahead. Educators may take videos and photographs of the children in order to document their progress or demonstrate the variety of appropriate activities offered in the program. The photographs and videos will be stored securely at the FDC Educator until your child/children leave care. These records will then be passed on to NRCS (Lismore or Tweed Heads offices) for secure confidential storage for the regulation period of 3 years after the last date on which your child was educated and cared for by the service, as per Regulation 183, Education and Care Services National Regulations, 2011.