



OUT OF SCHOOL HOURS CARE (OOSH) Enrolment & House Membership Form

Important, please complete ALL sections of this form

- A separate OOSH form must be completely filled out for each child.
- Missing details may delay the start of care for your child.
- Please return the completed form to reception or to OOSH staff.
- An annual family membership fee of \$15.00 & a bond payment of \$50.00 per family will apply. Bond will be reimbursed at the end of your enrolment.

Child Information

Child Surname Date of Birth/...../..... Sex: Male Female

Given Names Usually called:.....

Home Address..... Post code

School Attending Grade

Is the child of Aboriginal and/or Torres Strait Islander origin? (Please tick)

- No, Not Aboriginal or Torres Strait Islander Yes, Aboriginal
 Yes, Aboriginal and Torres Strait Islander Yes, Torres Strait Islander

Language(s) spoken in the home

.....
.....

Child CRN/...../..... (Customer Reference Number (CRN) from Family Assistance Office. Please note the Child CRN is different from the Family CRN.)

Parents/Guardians

Parent/Guardian 1 Surname **Given Names**

Date of birth/...../..... Relationship to the child

Address same as child or Postcode

Telephone (H) (W) (M)

Email

Family CRN/...../..... (Customer Reference Number (CRN) from Family Assistance Office. Please note the Child CRN is different from the Family CRN.)

Is the family CRN in the name of the Mother or Father? Mother Father

Do you have any other children in a different Childcare Centre? Yes No If yes, how many

Parent/Guardian 2 Surname **Given Names**

Date of birth/...../..... Relationship to the child

Address same as child or Postcode

Telephone (H) (W) (M)

Email

Care Requirements: Permanent or Casual **Starting date:**

Which days does your child require a place in Out of School Hours Care?

Monday: Morning Afternoon

Thursday: Morning Afternoon

Tuesday: Morning Afternoon

Friday: Morning Afternoon

Wednesday: Morning Afternoon

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 access to the child?

Yes Please complete the following: No Go to next section.

1. Bring the original court order/s for staff to see and a copy to attach to this enrolment form.
2. If there are any changes to the original court order/s, a new copy must be supplied to Emerald Community House Staff.

Child's Health Information

Doctor's Name & Medical Service Name

Address Telephone

Medicare No Ref No..... Expiry Date

Private Health Fund Ambulance Subscription: Yes No

Has the child been immunised and up to date with immunisations? Yes No

Medical information

Important: All medication must be handed to staff. It must be in its original container and labelled correctly. No child is to self-administer medication.

Does the child have any special or additional needs? Yes No

If yes, please provide details and management procedures to be followed with respect to their needs.

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.....

Does the child have any allergies or sensitivity? Yes No

If yes, please provide details and management procedures to be followed with respect to the allergy.

.....

Anaphylaxis

Has the child been diagnosed at risk of anaphylaxis? Yes No

If yes, has the anaphylaxis medical management plan been provided to the service? Yes No

If yes, has a risk management plan and communication plan been completed by the service in consultation with you? Yes No

You will be required to provide the service with an individual medical management plan for your child signed by the medical practitioner who is treating your child. This will be attached to the child's enrolment form. More information is available at www.education.vic.gov.au/anaphylaxis

Does the child have any other medical conditions? (ie: Dietary restrictions, Asthma, Epilepsy, Diabetes, etc. that are relevant to the care of the child)

Yes No

If yes, please provide details of any medical and any management procedure to be followed with respect to the medical condition.

.....
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Other Information

Is there any other information about the child that you wish to disclose to staff? This may include special interests, favourite activities, early intervention services they attend, behaviors, excessive fears etc.

.....
.....
.....

Authorised Emergency Contacts & Other Authorised Persons who may collect the Child (other than parents):

There may be times when the child becomes ill or there is an incident or emergency at the service which may involve the child and the parents/guardians cannot be contacted. In these cases, the service may notify one of the following people who are authorised to give information about the child to educators or emergency services. In the case of an evacuation or closure of the service, this person may pick up the child, if necessary, within 30 minutes of being notified.

It is the parent's responsibility to brief the emergency contacts and ensure they are available as required.

Two nominated persons **must** be provided. These can be changed or added to at any time.

1) **Name** Relationship to the child

Address

Telephone (H) (W) (M)

Is this person authorised to collect the child from this service? Yes No

Is this person authorised to give consent to administer medication on behalf of parents/guardians? Yes No

a) **Name** Relationship to the child

Address

Telephone (H) (W) (M)

Is this person authorised to collect the child from this service? Yes No

Is this person authorised to give consent to administer medication on behalf of parents/guardians? Yes No

Photos/videos

I give permission for my child's photo to be used in the Emerald Community House child care programs and for promotional purposes.

Yes No

I authorise staff to take written observations and photographs of my child which may be used in the OOSH program.

Yes No

Computer Access & Movies

Internet access may be offered to students. Do you give permission for your child to use the computer facilities? Yes No

Do you give permission for your child to view PG rated movies? Yes No

Mobile Phones and Electronic Games

Does your child have a mobile phone, iPod or any other electronic devices that they may bring with them? Yes No

Confidentiality of Enrolment Records

The Emerald Community House ensures that information in the child's enrolment record is not divulged to another person unless necessary for the care and education of the child, to manage medical treatment of the child, where expressly authorised by the parent or prescribed in the Children's Services Regulations 2009 (regulation 35(1) (d-e)).

Declaration and Consent to Emergency Medical Treatment and Parent/Guardian Obligations

Please read the following carefully and sign the declaration below.

- I declare that the information in this enrolment form is true and correct and undertake to immediately inform the Emerald Community House in the event of any change to this information.
- I give permission for my child to be transported to and from the school by walking with the group and supervising staff across the Emerald Primary School oval. I give permission for my child to be taken to the school oval for sporting activities.
- I understand that either I or my emergency contact will be expected to collect my child when called in case of emergency or closure of the centre (within 30 minutes of being notified).
- I understand that the service will be closed on **EXTREME** and **CODE RED** bushfire warning days. It is my responsibility to find alternative arrangements for my child on those days.
- **WeatherSmarts Program**
It is ECH Policy that parents/guardians of children attending Occasional Childcare, Out of School Hours Care or Playgroup attend one WeatherSmarts Program. This ECH Policy is a condition of enrolment and parents acknowledge and understand their obligation to attend a WeatherSmarts Program as a condition of using our service. WeatherSmarts Program are free and held throughout the year. Please arrange attendance with ECH staff.
Have you attended a Bushfire Planning Workshop Yes No
- I understand that my child may not be accepted or kept at the service if she/he is unwell or injured. I agree to collect or make arrangements for the collection of my child if she/he becomes unwell or injured at the service.
- I consent to the staff seeking, or where appropriate, administering such emergency medical treatment as is reasonably necessary. I consent to staff in case of accident, injury, illness, trauma or emergency to contact a medical practitioner or ambulance, at my expense. I consent to medical practitioners carrying out emergency medical treatment they consider necessary until contact is made with me or a person authorised on this enrolment form.
- I understand that a fee of \$15.00 (family membership fee) is required each year for the House Membership and my child cannot attend care at the service until this fee is paid. This fee covers administration and insurance costs. I understand that fees for my child attending OOSH will be invoiced per week and must be paid by the due date or access to the service may be restricted until payment is made.
- I understand that fees for public holidays are payable if the day is a usual day of attendance.
- I have read and understood the Confidentiality of Enrolment Statement on Page 3.
- I understand that it is an offence to publish photos of minors who are wards of the state or subject to family court proceedings and this does not apply to my child.
- I agree to deliver and collect my child on time and to contact staff if circumstances change. I will let staff know if for any reason my child will not be attending. I understand that I need to give 24 hour notice if my child is not attending or I will be charged the normal fee. I understand that I will be charged a late pick up fee of \$1.00 per minute after 6:30pm if I am late to pick my child up.
- I shall not hold the Emerald Community House Inc. Committee of Management, or staff legally responsible for any injury sustained by any child or loss of property which may occur during my child's attendance at the Service.
- I understand there are strict behavior guidance and anti-bullying policies in place at the service. If my child is involved in bullying or negative behavior I will work with the staff to address the issue. I understand that there is a Complaints Procedure Policy at the service. If I have a complaint or query I will endeavour to speak with staff or contact the House Co-ordinator to address the issue.
- I will supply sunscreen for my child/children and authorise staff to apply when necessary.
- I have read and understood the Emerald Community House Children's Services Handbook.

I, (print full name) a person with lawful authority in relation to the child referred to in this enrolment form, declare that I have read and understand this declaration and consent and agree to abide by the conditions set out therein.

Signed: Date:

Office use only (Emerald Community House Staff to complete)

Date Member's Database Member's Mail-out Member's Email



Invoices for Before and After School Care and Occasional Childcare are emailed via HubWorks EVERY WEEK on a Tuesday for the previous weeks care. Your chosen method of payment will then be automatically processed on the following Thursday for the total amount on the invoice. It will be the parents' responsibility to ensure there are enough funds in the account when payment is due.

Child/Children's Full Name/s:
.....

Please specify your preferred payment method:

Bank Account

Credit/Debit Card

BSB:	Credit/Debit Card Number:
Account Number:	Expiry:
Account Name:	Credit/Debit Card Name:

The transaction reference for payment from bank accounts will be HUBHELLO CCARE and for Credit/Debit Cards the transaction reference will be HUBHELLO CHILDCARE.

Any failed transaction will incur a fee of \$3.50 per failed transaction. The parent will be notified of any failed transaction and the system will automatically retry to process the payment on the next business day.

By signing this form, you have understood and agreed to the terms and conditions governing the debit arrangements between you, HubHello Pty Ltd and Emerald Community House Inc. as set out in this Request and in your iPay Request Service Agreement which can be viewed upon request.

I/We authorise and request IntegraPay Pty Ltd ABN 63 135 196 397 to debit payments from my/our bank account or Credit/Debit card as listed above, at intervals and amounts as directed by Emerald Community House Inc. as per Terms and Conditions of my agreement with Emerald Community House Inc. and in accordance with this Direct Debit Request and the IntegraPay DDR Service Agreement. I/We understand that we will be charged a fee of \$3.50 for any transaction that has failed.

Signed:

Name:

Address:

Phone:

Email:

Occasional Care Out of School Hours Care **Short Courses** Adult Literacy & Numeracy **Health & Leisure**
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