



**Greenmount & St Anthony's OSHC
Enrolment Form**

Child's Information

Surname: _____ First Name: _____

Address: _____ Post Code: _____

Phone: _____ DOB: _____ M/F: _____

Child's CRN: _____

Cultural background: _____

Country of birth: _____ Languages spoken: _____

Does your child have any medical needs? YES NO

Does your child have any allergies? YES NO

Does your child have any dietary requirements? YES NO

Does your child have any other additional needs? YES NO

If you have answered YES, to any of the above, please provide further information:

Service Checklist

Medical action plan attached:

Health Risk Minimisation Plan and Communication Plan:

Inclusion support plan completed with parent/guardian:

Birth Certificate sighted/copied:

Immunisation (up to date details):

Please attach copied documents and keep on file.

Meeting request to discuss your child's needs: YES NO

Booking Request

Start Date: _____ School Attending: _____

Year level/classroom: _____ Teacher's Name: _____

Care Type

Casual Booking:

Permanent Booking: (Complete Table 1 ONLY)

Regular Booking fortnightly: (Complete Table 2 ONLY)

NOTE: All permanent bookings require 2 weeks' notice to cancel care.

Table 1

Permanent Booking

Please mark all requested sessions for a

	Monday	Tuesday	Wednesday	Thursday	Friday
Before School					
	Monday	Tuesday	Wednesday	Thursday	Friday
After School					

Table 2

Regular Fortnightly Booking

Please mark all requested sessions for

First week of the Regular Fortnightly Booking

	Monday	Tuesday	Wednesday	Thursday	Friday
Before School					
	Monday	Tuesday	Wednesday	Thursday	Friday
After School					

Second week of Regular Fortnightly Booking

	Monday	Tuesday	Wednesday	Thursday	Friday
Before School					
	Monday	Tuesday	Wednesday	Thursday	Friday
After School					

Will you require Care for: Vacation Care YES

Parent/Guardian Information:

The details of each known parent/guardian must be provided (National regulations 102, 106-162)

Parent/Guardian (Person responsible for the account)	Parent/Guardian
Full Name:	Full Name:
DOB:	DOB:
CRN No:	CRN No:
Medicare No:	Medicare No:
Address:	Address:
PC:	P/C:
Home phone:	Home phone:
Mobile:	Mobile:
Email:	Email:
Occupation:	Occupation:
Place of Work/Study:	Place of Work/Study:
Address:	Address:
PC:	P/C:
Work phone:	Work Phone:
Country of birth:	Country of birth:
Languages spoken:	Languages spoken:
Cultural Considerations:	Cultural Considerations:
Care required for (work/study/respite/other):	Care required for (work/study/respite/other):
Talents/Hobbies that can be shared with children:	Talents/Hobbies that can be shared with children:
Custody arrangements	
Are there any of the following court orders in place for your child? Is YES, please tick the orders that are in place and provide the service centre with a copy of the order.	
Parenting Plans	<input type="checkbox"/> YES <input type="checkbox"/> NO
Residence	<input type="checkbox"/> YES <input type="checkbox"/> NO
Access to People	<input type="checkbox"/> YES <input type="checkbox"/> NO
Contact with Parent	<input type="checkbox"/> YES <input type="checkbox"/> NO

Child's Medical Practitioner

Name:

Address:

Telephone No:

Medicare No:

NOTE: We regret that we are unable to provide care for children who are unwell or who have a communicable or infectious illness. In such an event if we are unable to contact you or your emergency contacts, we may deem it necessary to call an ambulance.

Siblings

Name:

DOB:

Year/Teacher:

Name:	DOB:	Year/Teacher:

Authorised Person

Persons who have permission to collect children from the service centre must be 18 years of age. They will be required to show photo identification (Driver's License) when collecting child. Child will not be released if there is no photo identification of person collecting child. Child will not be released to an intoxicated person.

Contact One

Collect child from service centre:

YES NO

Excursion Permission:

YES NO

Authorised person to deliver/collect child

Name:

Home Phone:

Work/Mobile Phone:

Relationship to child:

Contact Two

Collect child from service centre:

YES NO

Excursion Permission:

YES NO

Authorised person to deliver/collect child

Name:

Home Phone:

Work/Mobile Phone:

Relationship to child:

If you wish to add additional contacts to the above list, please email the OSHC service at oshc@stanthonysgreen.wa.edu.au with the above details for each additional contact.

Authorised Emergency Contacts

In case of an emergency, Staff will contact the parents/guardian initially. If they are unable to be contacted immediately, we will contact the following people in the order that they are listed.

Emergency contact one

Name:

Home Phone:

Work/Mobile Phone:

Relationship to child:

Please tick each box that you give the emergency contact to authorise.

Medical Treatment YES NO

Administration of medication YES NO

Ambulance to be called YES NO

Educator to accompany child in ambulance (if required) YES NO

Excursion permission YES NO

Collect child from service centre YES NO

AUTHORISED EMERGENCY PERSONS MUST BE OF GOOD HEALTH, EASILY CONTACTABLE, WITHIN CLOSE PROXIMITY TO THE SERVICE, AND CAPABLE OF DEALING WITH EMERGENCIES.

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Excursion permission YES NO

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Permissions

I give my permission for: (Please circle YES or NO)

1. My child to participate in all activities offered in the education and care service. I agree it is my responsibility to familiarise myself with the program and to advise the service in writing if I do not wish my child to participate in a particular activity. **YES / NO**
2. For educators at the service to take my child on incursions/excursions by foot within the school boundaries. **YES / NO**
3. My child being observed by educators and students for programming purposes. **YES / NO**
4. My child's photograph, to be taken or recorded at the service for use within the service (May include photo development and/or printing outside the service). **YES / NO**
5. I agree that in the case of accident or injury, the centre will contact me. If they cannot reach me, they will try to contact a listed emergency contact. If determined necessary by staff at the centre, I authorise them to seek medical treatment for my child. **YES / NO**
6. If the Service deem it necessary, I agree for them to call an ambulance to take my child to hospital and agree to meet any expenses incurred. **YES / NO**
7. Staff are permitted to apply sunscreen to my child, if my child has sensitive skin, I will provide their own sunscreen for them to use. **YES / NO**
8. Accounts and correspondence to be sent to me electronically (to the email address provided on this enrolment form). **YES / NO**

Signature of Parent/Guardian (1) _____ Date: _____

Signature of Parent/Guardian (2) _____ Date: _____

Daily Schedule of Fees
For the 2021/2022 Financial Year
Greenmount & St Anthony's OSHC

Service Type	Normal Session Period	Rate
Before School Care	2 hours	\$21.00
Before School Kindy Child		\$22.00
After School Care	3 hours	\$33.00
After School Care Kindy Child		\$35.00
Vacation Care non-excursion	11 hours	\$72.00
Vacation Care Excursion		\$82.00

The actual cost incurred by parents/guardians are decreased by any Child Care Subsidy to which your family is entitled (calculated based on hours worked, family income, daily fees incurred and hours of sessional childcare per day). Your Child Care Subsidy is paid directly to Greenmount & St Anthony's OSHC for ease of administration. You should be charged only the net amount of fees incurred. Estimate your Child Care Subsidy by using the calculator at www.education.gov.au/sites/education/files/sch/index.html.

The following information is to be read in conjunction with the Service Agreement and the Fee Schedule FY 2020/2021 which together, form the **Compliant Written Agreement** consistent with the guidelines for Child Care Subsidy.

Child's Name: _____ Date of Birth: _____ Age: _____

Name of Parent/Guardian: _____

Childcare Provider

Company: **Greenmount & St Anthony's OSHC**

Phone: **08 9294 5539**

Email: **oshc@stanthonysgreen.wa.edu.au**

Address: **96 Innamincka Rd, Greenmount**

Website: **<https://www.stanthonysgreen.wa.edu.au/>**

ABN: **875 772 06 885**

Service Centre ID: **SE00012665**

MyGov

Have you obtained a MyGov? YES NO

Have you completed a Child Care Subsidy Assessment? YES NO

Type of Care

What type of care are you seeking? Before School Care
 After School Care
 Casual Care Only

Dates of Care

Planned date that care will commence: _____

Planned date that care will cease (if known): _____

Care Schedule and Sessions

Please circle your routine care days.
Duration of Before School Care is two hours. Duration of After School Care is three hours.

Type of care and opening hours	Days of the week				
Before School Care – 6:40am – 8:40am	Mon	Tue	Wed	Thur	Fri
After School Care – 2:45pm – 6:00pm	Mon	Tue	Wed	Thur	Fri

Privacy Agreement

Greenmount & St Anthony's OSHC, located at 96 Innamincka Rd, Greenmount maintains enrolment details and records of attendance, fee payment, medication administered and information about the development, well-being and health of each child while attending the service. This enables us to plan and program for your child's needs and ensure we meet all our legislative and regulatory responsibilities.

Information provided by you for this purpose will be treated respectfully and confidentially. All personal, sensitive and health information is kept in a secure place to protect it from unauthorised access, modification, or disclosure.

Failure to provide the required information may result in non-acceptance of your child's enrolment.

Only authorised staff members who directly require your information for professional purposes will have access to it. Families are able to access their information upon request.

Information may be disclosed to relevant authorities to confirm our compliance with childcare and Child Care Subsidy laws.

Declaration

I/We hereby declare that all the information given is accurate and agree to abide by the conditions of the enrolment at the centre.

Parent/Guardian (1) Name: _____ Date: _____

Signature of Parent/Guardian (1): _____

Parent/Guardian (2) Name: _____ Date: _____

Signature of Parent/Guardian (2): _____

Registration Agreement – Please tick all boxes of consent

- I agree to pay my fees.
- I have received and read the family handbook and I understand any updates to policy will be displayed on the notice board and emailed to enrolled families.
- I understand that I need to comply with all Government requirements in relation to the Centre and its service.
- I will advise the Service as soon as practicable of any updates to my circumstances.
- I am aware it is my responsibility to inform the service should my contact details, emergency contact details or parenting orders (if applicable) change.
- I understand that it is my responsibility to fulfil any obligations required to receive Child Care Subsidy (CCS).
- I agree to pay my fees one week in arrears as determined by the fee payment policy.
- I am aware that any failure to pay fees may result in cancellation of my child's place at the Service.
- I am aware that fees will be reviewed annually, and I will receive a minimum of two (2) weeks' notice of any changes being made.
- I am aware that two weeks' notice in writing of cancellation of care for a permanent cancellation must be given in advance for all regular bookings.
- I understand that I must pay fees for any booked days that I have not cancelled at least 24 hours in advance for any casual bookings.
- I understand that a system of payment for late collection operates at the Service and that I am responsible for the payment of any fees incurred.
- I am aware of the services opening and closing times (6:40am-8:40am. 2.45pm – 6.00pm)
- I am aware that my child will be excluded from care at the Service if they have a communicable or infectious disease. I understand that my child will be accepted back into the Service once the exclusion guidelines have been met.
- I consent to my child being in the presence of volunteers, visitors and students with due notice given, with the appropriate supervision by the Service staff.
- I have presented the Service with a copy of my child's current immunisation details and birth certificate.
- I have read and understand the Privacy Statement.
- The Service reserves the right to cancel care if it considers doing so would be in the best interest of the Service. Two weeks' notice of cancellation of care will be provided and any outstanding fee credits reimbursed up to conclusion of care at the Service.

I have read the registration agreement and agree to adhere to the above conditions and policies.

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____