

2023 OUT OF SCHOOL HOURS PROGRAM ENROLMENT FORM

Complete all sections – please print clearly and send completed form to alyce.hawkins@anglicare.com.au or hand to staff at the ELC or OOSH.

MAIN APPLICANT - PARENT/GUARDIAN 1 DETAILS

If you receive CCS, the main applicant is the person who applied for the subsidy.

Relationship to child	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other – please specify:				
Surname		First Name			
Date of birth		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female		
CRN	CRN and DOB are essential to claim CCS. If you do not intend to claim CCS to reduce your fees we still need your CRN to comply with government reporting requirements.				
Email					
Address					
Suburb		State		Postcode	
Home Phone		Mobile		Work Phone	
Work status	<input type="checkbox"/> employed full time <input type="checkbox"/> employed part time <input type="checkbox"/> looking for work <input type="checkbox"/> studying/training <input type="checkbox"/> pension/benefit				
Occupation		Employer			
Country of birth		Primary language			

PARENT/GUARDIAN 2 DETAILS

Relationship to child	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other – please specify:				
Surname		First Name			
Date of birth		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female		
CRN	CRN and DOB are essential to claim CCS. If you do not intend to claim CCS to reduce your fees we still need your CRN to comply with government reporting requirements.				
Email					
Address					
Suburb		State		Postcode	
Home Phone		Mobile		Work Phone	
Work status	<input type="checkbox"/> employed full time <input type="checkbox"/> employed part time <input type="checkbox"/> looking for work <input type="checkbox"/> studying/training <input type="checkbox"/> pension/benefit				
Occupation		Employer			
Country of birth		Primary language			

CHILD'S DETAILS

First Names		Surname			
Preferred Name		2023 School Year			
Date of Birth		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Address					
Suburb		State		Postcode	
Child CRN	Each child has their own Customer Reference Number (CRN) For more information contact DHS on 13 61 50				

Cultural background	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Aboriginal AND Torres Strait Islander If yes, What Country do you belong to: _____ <input type="checkbox"/> Neither Aboriginal or Torres Strait Islander <input type="checkbox"/> Other (please specify) _____
Does your child speak a language other than English at home?	<input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please specify below)

Are there any court orders, parenting agreements, or protection orders affecting custody of this child?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide a copy	Details:
Does your child have any allergies, intolerances or dietary restrictions eg: foods, medicine, grass, sunscreen etc?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide details and you will be required to submit a current action plan	Details:
Has your child been diagnosed as at risk of anaphylaxis?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide details and you will be required to submit a current anaphylaxis action plan	Details:
Does your child have any medical conditions eg asthma, diabetes, epilepsy etc?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide details and you will be required to submit a medical action plan	Details:
Does your child take any medication?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Details:
Has your child been diagnosed or are they undergoing assessment for any areas which may help us in providing an inclusive environment? Eg ADHD, autism, aspergers, behaviour etc	<input type="checkbox"/> No <input type="checkbox"/> Yes	Details:
Does your child need additional assistance in any developmental areas?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> learning needs <input type="checkbox"/> Communication needs <input type="checkbox"/> Mobility needs <input type="checkbox"/> Interpersonal needs
If your child has a diagnosed disability, is there anything that you do or modify at home?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Details:
Does your child suffer from fears or phobias?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Details:

MEDICAL INFORMATION

Name of Doctor		Doctor phone number	
Name of Dentist		Dentist Phone number	
Medicare number			
Private Health Insurance		Membership number	
Ambulance Insurance		Membership number	

An emergency contact is a person, **over 18 years old**, who the parent/guardian has granted permission to collect the child from the program, should the parent/guardian be unavailable, in the event of an incident, injury, trauma, illness, emergency etc. **AT LEAST ONE EMERGENCY CONTACT MUST BE PROVIDED** and this person must be **different** to the persons identified on page 1 of this form.

EMERGENCY CONTACT & AUTHORITY TO COLLECT 1

Surname		First name	
Address			
Suburb	State	Postcode	
Home Phone	Mobile	Work Phone	
Relationship to child	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	

EMERGENCY CONTACT & AUTHORITY TO COLLECT 2

Surname		First name	
Address			
Suburb	State	Postcode	
Home Phone	Mobile	Work Phone	
Relationship to child	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	

BOOKING DETAILS

Date to commence	Click here to enter a date.
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Do you require a casual booking?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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* Casual before or after school program is offered subject to availability, email the Director or OOSHPCo-ordinator for bookings

Do you require a permanent booking?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
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*Permanent bookings are ongoing for the school year. Two (2) weeks notice in writing is required when ceasing or reducing days of attendance.

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

ACCOUNTS

Person responsible for payment of accounts	
Email address for accounts	

SIBLINGS

Do you have other children in approved care (LDC, family day care, OOSHPCo?)	<input type="checkbox"/> Yes <input type="checkbox"/> No How many children use these services?
How often do they attend?	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> School holidays only

AUTHORISATIONS and CONDITIONS OF ENROLMENT

School Aged Programs I authorise my child to participate in all activities offered by the program. I acknowledge that the programs are guided by My Time, Our Place – the Approved National Framework for school aged care.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sharing of Information I authorise educators of the OOSHP to share information about my child with their junior school teacher as required.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Local excursions I give permission for my child to participate in excursions from the School within the local community. I understand I will receive a separate permission form for excursions not in the local area or those requiring transport. Children are always accompanied by the appropriate ratio of adults according to licensing regulations while on these excursions. The destinations may include (but are not limited to) Playgrounds, Shops, Sports fields, Gardens and Natural Spaces within the Googong Community.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency Evacuations I consent to my child to be evacuated to designated evacuation areas during the event of an emergency or during evacuation drills conducted a minimum of four (4) times per year.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency Medical, Hospital, Dental and Ambulance Services In the event of an accident, injury, trauma or illness, I consent to my child being given medical treatment in an emergency situation from a registered medical practitioner, dentist and hospital or ambulance service. I consent to my child being transported by ambulance to hospital, if required. I agree to meet any medical and ambulance expenses incurred.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Administration of Medication I understand and accept that medication can only be administered to my child when authorisation has been given by the parent/guardian or emergency contacts detailed on this enrolment form.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Application of Sunscreen I consent to having sunscreen (SPF 30+) applied to my child's unprotected areas of skin for outside play when UV levels are 3 or above.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Immunisation I agree to provide the OOSHP with an up to date immunisation record to be kept on file. I understand that laws regarding immunisation have changed and if I choose not to immunise my child, they will not be able to be enrolled in any of the OOSHP.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child Protection and Legal Requirements I understand educators of Early Learning and OOSHP services have legal obligations to document and report to Community Services if a child is thought to be at risk of significant harm. I acknowledge that I can view the Child Protection Policy at the program at any time.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Authority to Collect I consent to my child being collected from the program by those listed as parents/guardians and emergency contacts and can be contacted in the event my child has an accident, injury, trauma or illness. I acknowledge that children will not be released to people under the age of 18 years.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Photography I consent to my child having their photo taken for programming purposes by educators and student teachers.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Photo Permission I consent to my child to have photos taken to be used for Anglicare's promotional material and/or social media. I will be notified of any events where this may occur.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Technology I consent for my child to view G or PG rated programs (TV, DVD, videos or movies).	<input type="checkbox"/> Yes <input type="checkbox"/> No
Absences I agree to notify the ELC centre director if my child will be absent for any reason. I understand all absent days will incur the usual fee.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Notice to withdraw or amend enrolment I understand that I am to provide two (2) weeks' notice in writing if I wish to amend or cancel my child enrolment in the program.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Before and After School Care Fees I understand that I will be charged full fees until my enrolment is formalised and confirmed on My.Gov which entitles our family to CCS.	<input type="checkbox"/> Yes <input type="checkbox"/> No

AUTHORISATIONS and CONDITIONS OF ENROLMENT cont.

Fee payments and Failure to pay I agree to pay my fees according to Anglicare's fee policy. I understand that if my account is unpaid for more than two (2) weeks, my child enrolment at Before and/or After School Program may be cancelled. I understand that if my child's enrolment is cancelled due to non-payment of fees, I remain responsible for all fees incurred whilst my child was enrolled in the program. I also understand that if after a period of five (5) weeks following such cancellation of my child's enrolment, if I fail to pay all outstanding fees, the account and contact details will be passed onto a debt recovery agency and I am liable for all associated costs.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Policies Available I am aware that Anglicare's policy folder is available at the program and can be accessed at any time.	<input type="checkbox"/> Yes <input type="checkbox"/> No

ACKNOWLEDGEMENT and DECLARATION

I agree to abide by Googong Early Learning Centre and School Aged Care Program policies and procedures. I acknowledge that I can have access to and view the policies and procedures of the service at any time. I declare that I have completed this application for enrolment and that the information provided is accurate to the best of my knowledge and that it is my responsibility to ensure it is updated as required.

SIGNED AS AN AGREEMENT BETWEEN

Googong Early Learning Centre

AND

Applicant's full name	
Applicant's Signature	
Date	

Collection statement: Any personal information you provide is protected under the Privacy Act 1988 and is collected for the purpose of providing service or care appropriate to your needs. It can only be disclosed to someone else if you have been given reasonable notice of the disclosure; where disclosure is authorised or required by law or is reasonably necessary for the enforcement of the criminal law; if it will prevent or lessen a serious and imminent threat to a person's life or health; or if you have consented to the disclosure. If you have any questions or concerns about how your personal information is handled you can contact the Privacy Office at Anglicare by emailing privacy@anglicare.com.au