

Wondall Outside School Hours Care
Enrolment Induction Checklist

Enrolment Procedure

In order to maintain our high level of service the enrolment file checklist must be completed for each new child. The purpose of this form is to ensure that **prior to or on the day of commencement** all paperwork is completed and any other relevant details are addressed.

Enrolment Induction Checklist:

Number	Item	Initial
1.	Parent/guardian has been shown the process for signing the child in/out and shown where the roll is located. An explanation has been given about the link between the parent/guardian signatures and the payment of CCB/CCR for the family. (if the family is eligible)	
2	Parent/guardian has been given a copy of the Handbook and shown where to access full copies of all policies/procedures and legislation.	
3.	An explanation of the fee structure and payment procedures has been given.	
4.	Parent/Guardian has been informed that a Medical Certificate for absence due to illness and a Clearance Form from a medical practitioner must be supplied if required for certain infectious diseases. (as per Policy and 'Staying Healthy in Child Care')	
5.	Parent/Guardian has been informed that all permanent booked days must be paid for including absences.	
6.	Parent/guardian has been shown the communication methods within the service- Notice board, parent communication book, suggestion box, service newsletter, daily one to one discussion.	
7.	Parent/guardian has been invited to participate and/or contribute to the Services Planning and programs.	
8.	Parent/guardian has been taken on a tour of the service.	

Parent/Guardian, please take the time to evaluate our induction process below:

Name: _____ Signature: _____ Date: _____

Wondall Outside School Hours Care

Dear Parent/Guardian,

Welcome to Wondall Outside School Hours Care.

To assist us in providing the best possible care for you and your child, please complete the following form fully and accurately. We understand that paperwork can be time consuming however the information will help us to provide individualised care that meets the specific needs of your child.

Please ensure you have read the accompanying documentation carefully prior to signing the enrolment agreement. This agreement is a binding contract and outlines your commitment with regards to;

- Providing current and accurate information about your child
- Notifying our Service of any changes that may impact on your child's need or our provision of care
- Ensuring your contact details remain current at all times
- Payment of fees

We ask that you pay particular attention to each section that requires a signature as enrolment cannot proceed until all sections are signed. Do not hesitate to ask for assistance when completing the enrolment form, we are more than happy to help.

Please tick if you would like information translated in your home language

Child Details

First Name _____

Last Name _____

Other name(s) the child is known by _____

Date of Birth _____ Gender M F

Place of Birth _____

Ethnicity _____

Is your child of Aboriginal or Torres Strait Islander origin?

Yes No

Language _____

Religion _____

Medical Alerts

If your child has a medical condition that may impact on their time in care please include specific details on the Child Profile page. All health Management Plans must be signed by a medical Practitioner.

Does your child have an anaphylaxis plan in place Yes No

Does your child have an asthma plan in place Yes No

Does your child have a general health plan in place Yes No

A general health plan may be used to manage conditions that require ongoing monitoring or pose a particular risk such as epilepsy or children prone to febrile convulsions.

Health Care Record provided/sighted Yes No

Is your child's immunisation up to date Yes No

My child is not immunised, I am a conscientious Objector

Medicare Number _____

Enrolment Details: Permanent – P / Casual - C

Booked Days: Before School After School

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

The following information is required for CCMS

Parent CRN _____

Child CRN _____

Do you intend to enrol your child in our Vacation care program?

Yes No

Legal/Court Appointed Documents

Should your child be named in any legal document that refer to a Custody arrangement or be protected by a restraining order, the Service will require a copy of these documents.

Parenting Order or Parenting Plan Yes No

Protection Order Yes No

First Parent/Guardian (Person the Child resides with)

Full Name _____
Date of Birth _____
Relationship to child _____
Street # and name _____
Suburb and postcode _____
Email address _____
Home phone _____
Mobile phone _____
Workplace _____
Ethnicity _____
Home language _____
Religion _____

Second Parent/Guardian

Full Name _____
Date of Birth _____
Relationship to child _____
Street # and name _____
Suburb and postcode _____
Email address _____
Home phone _____
Mobile phone _____
Workplace _____
Ethnicity _____
Home language _____
Religion _____

Emergency Contacts and Authorised Nominees, please tick all options that apply for each contact:

Emergency Contact: a person who is to be notified of an emergency involving the child if any parent of the child cannot be immediately contacted;

Authorised nominee (collection): a person who has been given permission by a parent or family member to collect the child from the education and care service;

Authorised nominee (medical): a person who is authorised to consent to medical treatment of, or to authorise administration of medication to the child;

Authorised nominee (excursion): a person who is authorised to authorise an educator to take the child outside the education and care service premises;

Contact 1

Emergency Contact Yes No
Authorised Nominee (collection) Yes No
Authorised Nominee (medical) Yes No
Authorised Nominee (excursions) Yes No

Full Name _____

Relationship to child _____

Contact number _____

Street # and name _____

Suburb and postcode _____

Contact 3

Emergency Contact Yes No
Authorised Nominee (collection) Yes No
Authorised Nominee (medical) Yes No
Authorised Nominee (excursions) Yes No

Full Name _____

Relationship to child _____

Contact number _____

Street # and name _____

Suburb and postcode _____

Contact 2

Emergency Contact Yes No
Authorised Nominee (collection) Yes No
Authorised Nominee (medical) Yes No
Authorised Nominee (excursions) Yes No

Full Name _____

Relationship to child _____

Contact number _____

Street # and name _____

Suburb and postcode _____

Medical Practitioner details

Full Name _____

Phone _____

Medical Centre _____

Street # and name _____

Suburb and postcode _____

Enrolment Agreement

In consideration of enrolling my child at Wondall Outside School Hours Care (*referred to as the 'Service'*) I the undersigned agree that:

1. I understand that **in the case of sudden illness or accident, the Director shall have discretionary power to take all reasonable steps to provide appropriate medical attention for my child**; that the parents/guardians will be contacted as soon as possible; and that any costs incurred will be borne by the parents/guardians.
2. I agree to **keep my child at home when suffering from a heavy cold or other infectious illness likely to affect the health of the other children or staff.**
3. I agree to **notify** the Service promptly of the **reasons for any absences.**
4. I will ensure that the child is **brought to the Service by a responsible person and taken to an Educator.**
5. I will ensure that the child is **collected by an Authorised Nominee (identified on page 2 under Emergency Contacts and Authorised Nominees) before the official closing time.** Should I be late collecting the child I agree to pay the **Late Collection Fee.** I will make every effort to inform the Service of changes in arrival and departure times and procedures, especially in regard to persons other than those recorded collecting my child.
6. I understand and accept that fees must be paid in advance, that the **normal fees payable at all times including absence of my child for sickness and holidays.** I understand that if fees are not paid, my child's continued enrolment in the Service cannot be guaranteed. All fees are paid via EziDebit: Form supplied.
7. I agree to, on termination of my child's enrolment at the Service, **give notice as per Service policy or forfeit two week's fees.** In lieu of notice, **I am aware that if my child does not attend during the notice period CCB cannot be claimed and I will be required to pay full fees.**
8. I agree to notify the Service immediately of any **changes in emergency contacts**, addresses and/or telephone numbers.
9. I have **read the Parent Handbook about the Service and agree to co-operate in all things to the best of my ability.** I have visited the Service and discussed with the Director the enrolment of my/our child and understand the importance of family co-operation and agree to participate when possible in the activities of the Service. I agree to be bound by the constitution/Rules and/or any by-laws of the Service/Association.

Debt Recovery acknowledgement statement:

1. I the parent/guardian agree that the information provided in this application is true and correct and can be relied upon by the Service.
2. I the parent/guardian agree to notify the Service immediately should there be any change in circumstances from the details as outlined in the enrolment form including living arrangements of the child and/or parent/guardian within 7 days of the date of such a change.
3. I the parent/guardian agree to pay outstanding fees and cancellation fees where applicable together with all debt recovery expenses including fees, court costs, legal fees reasonably incurred by the Service.
4. In the case of a default of payment, I the parent/guardian acknowledge that any enrolment information specifically required for the purpose of debt recovery and identification of individuals in default may be forwarded to the collection agency for legal recovery action.
5. I understand that in case of a default on payments for childcare fees, enrolment details may be listed on the National Default Registry for a period of six (6) years and thirty days or until paid.
6. I the parent/guardian acknowledge that care may be refused in the case of a default.

First Parent/Guardian
Name _____

Signature _____ Date _____

Second Parent/Guardian
Name _____

Signature _____ Date _____

*Office use only

Commencement Date: _____

All permission forms are signed:

Contact details are completed fully

Emergency contacts have been
nominated

Permission for Service to act in case of emergency.

I hereby authorise a representative of the Approved Provider (such as the Nominated Supervisor or Educator) to provide appropriate emergency medical treatment for my child and/or ambulance transportation should this be considered necessary, i.e. First Aid administered.

Signature: _____ Date: _____

Permission to apply Sunscreen.

I hereby authorise Sunscreen to be applied to my child’s skin prior to outdoor play as per policy.

Signature: _____ Date: _____

Permission to photograph and record video footage of child.

(compulsory; if no permission granted please tick ‘none of the above’)

I authorise representative of the Approved Provider (such as the Nominated Supervisor or an Educator) to photograph and record video footage of my child and display their picture within the Centre. In addition to this I also permit the specific uses indicated below. I understand that the Service where authorised will use images at their discretion and at no time will my child’s full name Accompany a photograph.

- None of the options below; permission is limited to displays within the service.
- Photographs can be used in the Service newsletter.
- Photographs can be used for advertising purposes within newspapers, for trade displays or local library.
- Photographs and video can be displayed on the Service webpage, which may be accessible by the general public.

Signature _____ Date _____

Payment arrangements

Families will be billed weekly; our policy states all accounts must be paid weekly in advance. Please indicate below your method of payment:

- EziDebit
EziDebit form attached for payment details.

Parent/Guardian Participation

Please indicate any areas family members may be able to offer any assistance or wish to participate in. For example, you may have a particular skill you can share with the children or find time to help with maintenance or special activities.

Additional Information and Agreement

Please note that all information on these forms will be treated as strictly confidential.

Where necessary, we may request to sight or copy documents to verify the information that you have given.

Please tell us your child's grade and class: _____

Does your child take prescribed medication on a regular basis? Yes No

If 'yes', please provide details:

Does your child have any special dietary requirements? Yes No

If 'yes', please provide details:

Please list any special family circumstances, emotional concerns or considerations:

Permission to apply Insect Repellent:

I hereby authorise Insect Repellent to be applied to my child's skin while playing outside, as per policy.

Additional Agreement:

1. I understand that I may need to sign an Excursion/Incursion/ Activity Permission Form for excursions/incursions or activities that are additional to the program.
2. I will ensure that a Parent/Authorised Nominee signs my child in and out of the service.
3. I understand that I must inform the service in writing/by phone if a person other than an Authorised Nominee will be collecting my child; photo identification will be required.
4. I understand that the same guidelines that apply for children at Wondall Heights State School apply to children who attend Wondall OSHC, parents may be contacted if a child displays continued unacceptable and/or disruptive behaviours so that an agreed Behaviour Management Plan can be implemented. Behaviour Management is in accordance with Wondall Heights State School Behaviour Management Policies.
5. I understand that I am responsible for any wilful damage of equipment or property caused by my Child.
6. I understand that I will need to complete a Medical Authority form for all prescribed medications to be administered by educators to my child; only prescribed medications can be administered.
7. I agree that the Director may liaise with the Principal, Deputy Principals, teachers, staff and any Other professional in regard to behavioural/medical/family issues that arise.

Signature Parent/Guardian _____ Date _____

Signature Parent/Guardian _____ Date _____

Family Profile

Other people living at home:

Our nationality is: _____

Language spoken at home: _____

What we like to do as a family:



Our favourite holiday spot is:



Any other topics that we need to know about your family:

Food Beliefs: _____

Traditional Beliefs: _____

Other information: _____

Child Profile

My name is: _____

My mum and dad call me _____ at home.

I have _____ sisters and _____ brothers at home.

Their names are:



I have _____ pets at home.

Their names are: _____

My favourite food is: _____

My favourite TV show is: _____

My favourite food is: _____

My favourite colour is: _____

My favourite song is: _____

My favourite activity or game at home is:

What else do I like to play with at home:

Extra info to know about me:
