



Wesley Out of School Hours Care

Vacation Care Enrolment Form – April 2019

Wesley Community Services Limited trading as:

Wesley OOSH, Epping West

Service Location: Epping West Public School
96 Carlingford Road
Epping NSW 2121

Office Location: Wesley Family Centre
32 Highfield Road
Quakers Hill 2763

Opening Hours: 7am – 6pm Monday to Friday

Office Hours: 9am – 5pm Monday to Friday

Email: oosh@wesleymission.org.au

Phone: (02) 9626 6620

Service ID: 190022370K

Family Name:

1. Child's name:	D.O.B:	<input type="checkbox"/> Male
Year/Class:	CRN:	<input type="checkbox"/> Female

2. Child's name:	D.O.B:	<input type="checkbox"/> Male
Year/Class:	CRN:	<input type="checkbox"/> Female

3. Child's name:	D.O.B:	<input type="checkbox"/> Male
Year/Class:	CRN:	<input type="checkbox"/> Female

4. Child's name:	D.O.B:	<input type="checkbox"/> Male
Year/Class:	CRN:	<input type="checkbox"/> Female

Address:

Country of birth:

Family religion: *(optional)*

Please provide details of any family practices in relation to religious background, celebrations or medical treatment that the service should know.

Aboriginal or Torres Strait Islander? No Aboriginal Torres Strait Islander

COMMENCEMENT DATE:

\$45 per day / per child

(first day of care)

Please tick days required below and if more than one child is attending, tick corresponding child numbers

Day/s required:	Mon	Tues	Wed	Thurs	Fri
Week 1:	15 th <input type="checkbox"/> Child 1 <input type="checkbox"/> Child 2 <input type="checkbox"/> Child 3 <input type="checkbox"/> Child 4	16 th \$32 Excursion <input type="checkbox"/> Child 1 <input type="checkbox"/> Child 2 <input type="checkbox"/> Child 3 <input type="checkbox"/> Child 4	17 th <input type="checkbox"/> Child 1 <input type="checkbox"/> Child 2 <input type="checkbox"/> Child 3 <input type="checkbox"/> Child 4	18 th \$15 Incursion <input type="checkbox"/> Child 1 <input type="checkbox"/> Child 2 <input type="checkbox"/> Child 3 <input type="checkbox"/> Child 4	19 th Closed Public Holiday
Week 2:	22 nd Closed Public Holiday	23 rd <input type="checkbox"/> Child 1 <input type="checkbox"/> Child 2 <input type="checkbox"/> Child 3 <input type="checkbox"/> Child 4	24 th <input type="checkbox"/> Child 1 <input type="checkbox"/> Child 2 <input type="checkbox"/> Child 3 <input type="checkbox"/> Child 4	25 th Closed Public Holiday	26 th \$24 Excursion <input type="checkbox"/> Child 1 <input type="checkbox"/> Child 2 <input type="checkbox"/> Child 3 <input type="checkbox"/> Child 4
Week 3: Pupil Free Day	29 th \$2 Incursion <input type="checkbox"/> Child 1 <input type="checkbox"/> Child 2 <input type="checkbox"/> Child 3 <input type="checkbox"/> Child 4				

Parent/guardian 1		Title	<input type="checkbox"/> Ms	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Mr	<input type="checkbox"/> Dr	<input type="checkbox"/> Other
Given name/s:				Family name:				
Preferred name:				Relationship to child:				
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of birth:					
CRN:				Country of birth:				
Address:								
Home phone:				Work phone:				
Mobile:				Home email:				
Employment status: <input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> Studying <input type="checkbox"/> Other								
Employer:				Occupation:				
Employment address:								
Main language/s spoken at home:				Cultural identity:				
Aboriginal or Torres Strait Islander?			<input type="checkbox"/> No	<input type="checkbox"/> Aboriginal	<input type="checkbox"/> Torres Strait Islander			
Do you have a disability? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>(Please provide details)</i>								
Preferred contact method: <input type="checkbox"/> Home phone <input type="checkbox"/> Mobile <input type="checkbox"/> Email <input type="checkbox"/> Work phone								

Parent/guardian 2		Title	<input type="checkbox"/> Ms	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Mr	<input type="checkbox"/> Dr	<input type="checkbox"/> Other
Given name/s:				Family name:				
Preferred name:				Relationship to child:				
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of birth:					
CRN:				Country of birth:				
Address:								
Home phone:				Work phone:				
Mobile:				Home email:				
Employment status: <input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> Studying <input type="checkbox"/> Other								
Employer:				Occupation:				
Employment address:								
Main language/s spoken at home:				Cultural identity:				
Aboriginal or Torres Strait Islander?			<input type="checkbox"/> No	<input type="checkbox"/> Aboriginal	<input type="checkbox"/> Torres Strait Islander			
Do you have a disability? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>(Please provide details)</i>								
Preferred contact method: <input type="checkbox"/> Home phone <input type="checkbox"/> Mobile <input type="checkbox"/> Email <input type="checkbox"/> Work phone								

Emergency contacts and authorisations

Please supply at least two people's contact details (other than the parent or guardian) that you authorise to collect your child and/or contact in case of an emergency. It is your responsibility to notify these people and inform them that they are an authorised nominee or emergency contact for your child at the service. Authorised nominees must be able to provide photo identification upon request. Please use additional emergency contacts page, if required.

Contact 1

Full name:

Address:

Home phone:

Work phone:

Mobile :

Relationship to child:

This person has the authority to

- Yes No Authorise an educator/OOSH staff member to take your child outside the education and care service premises in the case of an emergency (such as transportation to a hospital)
- Yes No Collect/deliver your child to/from the service (authorised nominee)
- Yes No Consent to medical treatment by a medical practitioner, hospital or ambulance service and/or transportation by ambulance service for your child
- Yes No Request/permit medication to be given to your child
- Yes No Be notified of an emergency involving your child if you cannot be contacted (emergency contact)

Contact 2

Full name:

Address:

Home phone:

Work phone:

Mobile:

Relationship to child:

This person has the authority to

- Yes No Authorise an educator/OOSH staff member to take your child outside the education and care service premises in the case of an emergency (such as transportation to a hospital)
- Yes No Collect/deliver your child to/from the service (authorised nominee)
- Yes No Consent to medical treatment by a medical practitioner, hospital or ambulance service and/or transportation by ambulance service for your child
- Yes No Request/permit medication to be given to your child
- Yes No Be notified of an emergency involving your child if you cannot be contacted (emergency contact)

Contact 3

Full name:

Address:

Home phone:

Work phone:

Mobile:

Relationship to child:

This person has the authority to

- Yes No Authorise an educator/OOSH staff member to take your child outside the education and care service premises in the case of an emergency (such as transportation to a hospital)
- Yes No Collect/deliver your child to/from the service (authorised nominee)
- Yes No Consent to medical treatment by a medical practitioner, hospital or ambulance service and/or transportation by ambulance service for your child
- Yes No Request/permit medication to be given to your child
- Yes No Be notified of an emergency involving your child if you cannot be contacted (emergency contact)

Health and medical information

Child's Medicare number:

Private health insurance:

Medical Centre name:

Doctor's name:

Phone:

Address:

Dentist's name:

Phone:

Address:

Is/are your child/ren immunised?

Yes No

Child/ren's Names:

Is/are your child/ren's immunisation up-to-date:

Yes No

Child/ren's Names:

Please provide your immunisation record. Failure to supply this document will result in your child being noted as not being immunised. If your child has not been immunised and there is an outbreak of an immunisation-preventable disease, your child may need to be withdrawn from the service for the relevant exclusion period (full fees will be payable)

Has your child been diagnosed with asthma?

Yes No

(if yes, please supply Action Plan and photo)

Child/ren's Name/s:

Any Triggers (List any triggers against the individual child name)

Has the asthma action plan been provided?

Yes No N/A

Child/ren's Name/s:

Has your child been diagnosed with anaphylaxis?

Yes No

(if yes, please supply Action Plan and photo)

Child/ren's Name/s:

Any Triggers:(List any triggers against the individual child name)
Touch , smell , inhalation , ingestion or specify other

Has the anaphylaxis medical management plan been provided?

Yes No N/A

If yes, please provide details:

Child/ren's Name/s:

Does your child have an auto injection device e.g. EpiPen® or Anapen®?

Yes No N/A

If yes, please provide details:

Child/ren's Name/s:

Does your child have medically diagnosed allergies?

Food Medication Animals Insects

(please provide details)

Other

Child/ren's Name/s:

Any Triggers& recommended treatment
(List any triggers against the individual child name)

Does your child have a Medical Action Plan? (if yes, please provide)

Yes No

Does your child have any special dietary requirements or restrictions?

Yes No

If yes, please provide details:

Child/ren's Names:

Any Triggers (List any triggers against the individual child name)

Any problems with hearing, sight, speech? Yes No

If yes, please provide details:

Child/ren's Names:

Any health problems, operations, illnesses, disabilities or delay, including

Intellectual, sensory or physical impairment? Yes No

If yes, please provide details:

Child/ren's Names:

Does your child take any regular medication? Yes No

If yes, please provide the following details and note that you will be required to complete a Medication record form

Child/ren's Names:

Administered at Home
 Service

Name of medication:

Is the family a single parent family? Yes No

If yes, please provide details:

Child/ren's Names:

Have you spoken or worked with an educator, teacher or other professional Yes No

to address your child's behaviour or social issues? (please provide details)

Child/ren's Names:

If you have answered yes to any of the above, please make an appointment with the Coordinator to discuss how we can support your child in the OOSH environment.

1. Emergency medical treatment

I agree that the service may seek medical treatment from a registered medical practitioner, hospital or ambulance service and agree to transportation by an ambulance in the event my child has been injured or becomes ill at the service.

Parent/guardian 1 _____ Parent/guardian 2 _____
(Signature) (Signature)

2. Paracetamol

I agree that if my child has a temperature higher than 38.9°C that an educator may administer a single dose of Paracetamol (such as Panadol drops/elixir) after natural methods have been used to reduce the temperature. The service will attempt to contact me before the administration of the medication and I will arrange for my child to be collected immediately.

Parent/guardian 1 _____ Parent/guardian 2 _____
(Signature) (Signature)

3. Sunscreen

I agree for the service to use SPF30+ broad spectrum, water-resistant sunscreen on my child's face and exposed limbs. Where my child is allergic to this sunscreen, I/we will provide a hypoallergenic sunscreen of equal sun protection.

Parent/guardian 1 _____ Parent/guardian 2 _____
(Signature) (Signature)

4. Photographs, video and sound recordings

I agree that my child may be photographed, videoed and/or sound recorded and/or their artwork may be displayed or viewed at the service or included in other children's learning and assessment records and/or on the service website.

Within the service External promotion (eg annual report, promotional video, website) No

Parent/guardian 1 _____ Parent/guardian 2 _____
(Signature) (Signature)

5. Family Status

Family status Married Separated Divorced De facto Single

Who is responsible for fees? Parent/guardian 1 Parent/guardian 2 Shared care Other

If you are separated or divorced, who has legal custody of the child?

Parent 1 access arrangements: Full Limited

Parent 2 access arrangements: Full Limited

Are there any court orders, parenting orders or parenting plans that relate to the residence, contact or access to your child? Yes No

Note: The centre cannot enforce custody issues without a copy of the relevant Court Order at the Centre.
Please discuss any custody issues with the Centre or Area Coordinator before enrolment

6. Child Care Subsidy (CCS) Information

Child Care Subsidy (CCS) assists with the cost of approved child care and is paid directly to the service to reduce the fees families pay. To claim CCS families must meet eligibility requirements. You may be eligible for CCS if you or your partner:

- Care for your child at least 2 nights per fortnight or have 14% care
- Are liable for fees for care provided at an approved child care service
- Meet residency requirements
- Your child meets immunisation requirements
- Your child is 13yo or under and not attending secondary school, unless exempt

Do you wish to claim CCS? Yes No

Have you completed the CCS assessment on the myGov website? Yes No

Have you received confirmation about your CCS? Yes No

For further information contact the Australian Government Department of Human Services www.humanservices.gov.au

Please ensure that each section of this form has been completed correctly prior to submission.
Thank you for your co-operation

**Please return your completed enrolment forms by email to
oosh@wesleymission.org.au by no later than 5pm on Monday, 25th March 2019**

I/we also agree/confirm that:

1. All information given on this *Enrolment Form* is correct. I/we will inform the service immediately in writing of any changes to this information. I understand that my/our child/ren's enrolment will not be valid unless this enrolment form is completed in its entirety.
2. I confirm that care may be provided on a casual or flexible basis where available at my request.
3. I/we have read the Parent Handbook and will abide by the policies and procedures of the service. I/we understand that policies and procedures will be reviewed on a regular basis and that I/we will be given 14 days' notice before any significant change to a policy or procedure that could impact on my child, my ability to use the service or fees.
4. My child will be the subject of observations by educators to assist in the planning and implementation of the educational program and by early childhood students. If questioning or testing of my child is to be undertaken, my permission will be sought. Strict confidentiality will be observed if this occurs and only my child's first name will be recorded.
5. A staff member with appropriate training and/or first aid certificate will administer emergency asthma or anaphylaxis medication. I understand that in this circumstance the service will contact me and emergency services as soon as possible.
6. My child will not attend the service when suffering from infections and contagious illnesses.
7. The adult delivering to or collecting my child from the service will sign the Attendance Record and following my child's absence will sign the Attendance Record and give the reason for the absence.
8. I/we are liable for all fees associated with my/our child's enrolment at this service and understand that I/we are responsible for updating Child Care Subsidy information (if applicable) whilst my child is in care and, where no longer eligible, will be required to pay the full fee.
9. I/we are liable for a \$10 administration fee when relevant CRN's have not been provided initially and are provided at a later time, hence a significant amount of administration time is required to reverse and re-enter your information.
10. I/we will notify the OOSH office by 5pm on the last Monday of the school term prior to the upcoming holidays should I/we need to cancel any of the Vacation Care days that I/we have booked when submitting the enrolment forms. If I/we give less than the required notice, I/we understand that I/we will still be charged for the cancelled day/s, including any incursion or excursion scheduled for that day.
11. I/we understand that it is the service's policy that fees are paid fortnightly in advance at all times. I/we agree to pay our account by:
 - Direct Debit to my bank account or credit card, or
 - EFTPOS (please tick)
12. Failure to pay fees, non-attendance without advice, unwillingness to comply with the service's policies and procedures, or other reasons determined unsatisfactory by the service, will result in termination of my child's enrolment.

Parent/guardian 1

Name: _____

Signature: _____

Date: _____

Parent/guardian 2

Name: _____

Signature: _____

Date: _____

Privacy disclaimer: All information contained in this enrolment form is regarded as confidential and shall only be viewed by primary contact staff. The primary purpose of collecting personal information is our duty of care to you and to ensure that we can deliver our services in a safe environment. We may disclose personal information about you to emergency services (in case of emergency), who are also required that your privacy is respected. If you would like to access to the personal information we hold about you, details are in Wesley Mission Privacy policy, which is available from our website www.wesleymission.org.au or from our offices.

EXCURSION PERMISSION SLIP			
VENUE:	Event Cinema, Castle Hill	EXCURSION DATE:	Tuesday, 16 April 2019
ACTIVITIES INCLUDE:	Travelling to Event Cinema, Castle Hill by chartered bus and watching a G or PG rated movie. Return to OOSH by chartered bus. <i>Anticipated number of children – Approx. 48</i> <i>Educator : Child ratio (1:8) – 6 educators : 48 children</i>	DEPARTURE TIME:	9.15 am
		RETURN TO OOSH:	1.15 pm <i>These times are approx.</i>
<p>I, _____ (Parent's name) give permission for my child/ren _____ (Child's name) to attend this excursion. I also give permission for my child/ren to be transported there and back to the centre by bus.</p> <p>My child suffers from car sickness: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
Parent/Guardian Signature:		Date:	

EXCURSION PERMISSION SLIP			
VENUE:	Fagan Park. Arcadia Road, Galston.	EXCURSION DATE:	Friday, 26 th April
ACTIVITIES INCLUDE:	Travelling to Fagan Park by chartered bus. Return to OOSH by chartered bus. <i>Anticipated number of children – Approx. 48</i> <i>Educator : Child ratio (1:8) – 6 educators : 48 children</i>	DEPARTURE TIME:	9.30 am
		RETURN TO OOSH:	2 pm <i>These times are approx.</i>
<p>I, _____ (Parent's name) give permission for my child/ren _____ (Child's name) to attend this excursion. I also give permission for my child/ren to be transported there and back to the centre by bus.</p> <p>My child suffers from car sickness: yes / no (please circle)</p>			
Parent/Guardian Signature:		Date:	

Monday, 29th April – Pizza, PJ and Movie day

If your child/ren is/are attending on Monday, 29th April - please tick which pizza flavour they would like (children will be making their own)

Vegetarian Child's name -

Meat lovers Child's name -

Cheese Child's name -

Ham and Pineapple Child's name -

All information contained in this enrolment form is regarded as confidential and shall only be viewed by primary contact staff. **Please ensure that each section of this form has been completed correctly prior to submission. Incomplete forms will be returned for completion and will not be processed until fully complete.**

Please return your completed enrolment forms by email to oosh@wesleymission.org.au by no later than 5pm on Monday, 25th March 2019