



OUR LADY'S ASSUMPTION
SCHOOL

**Our Lady's Assumption
Outside School Hours Care
Enrolment Form 2019**

Child's Information

Surname _____ First Names _____
Address _____ Post Code _____
Phone _____ DOB _____ M / F _____
Child CRN _____

Is your child of Aboriginal/Torres Strait Islander descent? YES NO
Cultural background: _____
Country of birth _____ Languages spoken _____

Does your child have any allergies, medical or other conditions: YES NO
If yes, please provide further information and an action plan attached.
Does your child have any other additional needs (including dietary needs)?

Birth Certificate sighted:

Immunisation (up to date details):

Please attach copied documents and keep on file.

Bookings Request

Start Date _____

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

Parent/Guardian Information:

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

Parent/Guardian (Person responsible for the account)	Parent/Guardian
Name	Name
DOB	DOB
CRN	CRN
Address	Address
Post Code	Post Code
Phone	Phone
Mob	Mob
Email	Email
Occupation	Occupation
Place of Work/Study	Place of Work/Study
Address	Address
Post Code	Post Code
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

How did you hear about us? Internet Word of Mouth Live in the area Other

Custody Arrangements

Are there any court orders in place for your child? YES / NO (attach documentation)

Please provide further details _____

Child's Medical Practitioner

Name _____

Address _____

Telephone no _____ Medicare no _____

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	Date of Birth	Year / Teacher

Authorised Nominees and Emergency Contacts (NOT PARENT)

In case of an emergency, Our Lady's Assumption 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.

**PERSONS TO BE CONTACTED IN CASE OF EMERGENCY ARE AUTHORISED TO CONSENT TO MEDICAL TREATMENT FOR THE CHILD OR TO AUTHORISE ADMINISTRATION OF MEDICATION TO THE CHILD; THEY ARE ALSO AUTHORISED TO TAKE THE CHILD FROM THE SERVICE'S PREMISES OR TO GIVE APPROVAL FOR AN EDUCATOR TO TAKE THE CHILD OUT OF THE SERVICE IN THE CASE OF AN EMERGENCY;
PERSONS MUST BE OF GOOD HEALTH, EASILY CONTACTABLE, WITHIN CLOSE PROXIMITY TO THE SERVICE, AND CAPABLE OF DEALING WITH EMERGENCIES.**

Contact One

Title	First Name	Surname	
Relationship to child			
Home Address			
Home Phone		Work Phone	
Work Phone		Email	
Tick Boxes to Authorise	Pick up <input type="checkbox"/>	Drop off <input type="checkbox"/>	Emergency <input type="checkbox"/>

Contact Two

Title	First Name	Surname	
Relationship to child			
Home Address			
Home Phone		Work Phone	
Work Phone		Email	
Tick Boxes to Authorise	Pick up <input type="checkbox"/>	Drop off <input type="checkbox"/>	Emergency <input type="checkbox"/>

Contact Three

Title	First Name	Surname	
Relationship to child			
Home Address			
Home Phone		Work Phone	
Work Phone		Email:	
Tick Boxes to Authorise:	Pick up <input type="checkbox"/>	Drop off <input type="checkbox"/>	Emergency <input type="checkbox"/>

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 excursions by foot within the local community, destination may include: **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 they 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 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 2019/20 Financial Year
 (Effective 22 July 2019)

Our Lady's Assumption Outside School Hours Care

	Normal Session Period	Rate
Before School	7:00am-8:40am	\$20
After school	3:00pm -6:00pm	\$30
Vacation Care	7:00am – 6:00pm	\$75 plus incursion / excursion costs if applicable
Pupil Free Days	7:00am-6:00pm	\$75

CHILD CARE REBATES AND CHILD CARE BENEFITS APPLY TO ELIGIBLE FAMILIES

The actual costs 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 child care per day). Because your Child Care Subsidy is paid directly to Our Lady's Assumption 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

Name (Child) _____ Date of Birth _____ Age _____

Name of Parent/Guardian _____

This information is to be read in conjunction with the Service Agreement and the Fee Schedule FY 2019/2020 which together, form the **Compliant Written Agreement** consistent with the guidelines for the implementation of the new Child Care Subsidy.

Childcare Provider:

Company: Our Lady's Assumption Outside School Hours Care

Phone: 0477 870 011

Email: oshc@ola.wa.edu.au

Address: 43 Chester Avenue, Dianella

Website: www.ola.wa.edu.au

ABN: 52 206 213 552

Service ID:

myGov:

Have you obtained a myGov account (please circle) Yes/No

Have you completed a Child Care Subsidy Assessment (please circle) Yes/No

Type of Care

What type of care are you seeking (please circle)

- a) Routine care, with some casual care
- b) Routine care only
- c) 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.

Type of Care and Opening Hours	Day of the Week				
Before School Care 7:00am – 8:40am	Monday	Tuesday	Wednesday	Thursday	Friday
After School Care 3:00pm – 6:00pm	Monday	Tuesday	Wednesday	Thursday	Friday
Vacation Care 7:00am – 6:00pm	Monday	Tuesday	Wednesday	Thursday	Friday
Pupil Free days 7:00am – 6:00pm	Monday	Tuesday	Wednesday	Thursday	Friday

Privacy Agreement

Our Lady's Assumption Outside School Hours Care, located at 43 Chester Place, Dianella, 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 of 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 child care 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) _____

- I agree to pay my fees through EZIDEBIT and have read and completed the required documentation.
- I have received and read the family handbook and I understand any updates to policy will be displayed on the notice board or in the centre newsletter.
- I understand that I need to comply with all Government requirements in relation to the Centre and its service.
- I will advise the Centre as soon as practicable of any updates to my circumstances.
- 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 weeks in advance 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 centre.
- 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 full time bookings in OSHC.
- 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 am aware that I must pay for any public holidays that fall on a day my child is booked to attend. I will also be responsible for payment on any days my child is sick or absent from care.
- I understand that a system of payment for late collection operates at the centre and that I am responsible for the payment of any fees incurred.
- I am aware of the services opening and closing times (7:00am – 6.00pm)
- I am aware that my child will be excluded from care at the centre if they have a communicable or infectious disease. I understand that my child will be accepted back into the centre 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 centre staff.
- I have presented the centre with a copy of my child's current immunisation details and birth certificate.
- I have read and understand the Privacy Statement.
- The Centre reserves the right to cancel care if it considers doing so would be in the best interest of the Centre. Two weeks' notice of cancellation of care will be provided and any outstanding fee credits reimbursed up conclusion of care at the centre.

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

Parent/Guardian Name _____ Date _____

Signature _____