



Narrogin Outside School Hours Care

CHILD ENROLMENT AND CONTRACT DETAILS

DATE OF REGISTRATION: _____

CHILD

Surname: _____ Given (First) Name: _____

Date of Birth: _____ Male Female

Address: _____ Postcode: _____

Country of Birth: _____ Ethnic Group: _____ Primary Language: _____

Is your child of Aboriginal or Torres Strait Islander origin _____

Customer Reference Number (CRN): _____ Medicare Number: _____

Childs Medical Practitioner Name: _____

Address: _____ Phone Number: _____

Is your child immunised? Yes No (Copy of Immunisation Status attached)

Does your child have?

A Disability Yes No _____

Allergies/Anaphylaxis Yes No _____

Asthma Yes No _____

Specific Healthcare Needs Yes No _____

Please supply a copy of any medical management plan, anaphylaxis medical management plan or risk minimisation plan to be followed with respect to any specific healthcare need, medical condition or allergy.

Any relevant information relating to cultural, religious, dietary or other additional needs that the child may have.

Are there any court orders relating to the guardianship custody of, or access to, the child? Yes No

If yes please provide a copy of the documents details of any court orders, parenting orders or parenting plans relating to powers, duties, responsibilities or authorities of any person in relation to the child or access to the child and any other court orders relating to the child's residence or the child's contact with a parent or other person. Documents provided: Yes No

If the child is under the care of Child Protection and Family Support please list case workers

name: _____ location: _____ phone

number: _____ Email address: _____

Parent Initials.....

PRIORITY of ACCESS: 1- At Risk/Referral 2- Work/Study 3- Respite

FAMILY STATUS: 1 Parent Mother 1 Parent father 2 Parents Guardian

ENROLLING PARENT / GUARDIAN

Surname: _____ Given (First) Name: _____

Date of Birth: _____

Address: _____ Postcode: _____

PO Box (if applicable): _____

Telephone: (H) _____ (W) _____ (M) _____

Email _____ Customer Reference Number (CRN): _____

Country of Birth: _____ Ethnic Group: _____ Primary Language: _____

Name of Work Place / Education Institute: _____

Occupation: _____ Work Address: _____

Employment Status: Full Time Part Time Casual Looking for Work Pension Student Unemployed

PARENT (SPOUSE) / GUARDIAN

Surname: _____ Given (First) Name: _____

Date of Birth: _____

Address: _____ Postcode: _____

PO Box (if applicable): _____

Telephone: (H) _____ (W) _____ (M) _____

Email _____ Customer Reference Number (CRN): _____

Country of Birth: _____ Ethnic Group: _____ Primary Language: _____

Name of Work Place / Education Institute: _____

Occupation: _____ Work Address: _____

Employment Status: Full Time Part Time Casual Looking for Work Pension Student Unemployed

PERSON/S AUTHORISED TO COLLECT CHILD

Other than the Parent/Guardian

1. Full Name: _____

Address: _____ Postcode: _____

Telephone: (H) _____ (W) _____ (M) _____

Parent initials.....

2. Full Name: _____

Address: _____ Postcode: _____

Telephone: (H) _____ (W) _____ (M) _____

3. Full Name: _____

Address: _____ Postcode: _____

Telephone: (H) _____ (W) _____ (M) _____

4. Full Name: _____

Address: _____ Postcode: _____

Telephone: (H) _____ (W) _____ (M) _____

UNDER NO CIRCUMSTANCE will the child be permitted to leave the service with another person, without authorisation from the Parent, Guardian or Custodian.

PERSONS TO BE CONTACTED IN CASE OF EMERGENCY
Other than Parent/Guardian

1st Preference

Full Name: _____

Address: _____ Postcode: _____

Telephone: (H) _____ (W) _____ (M) _____

Relationship to Child: _____

2nd Preference

Full Name: _____

Address: _____ Postcode: _____

Telephone: (H) _____ (W) _____ (M) _____

Relationship to Child: _____

PARENT PARTICIPATION

1. Can you contribute skills or talent to our service, i.e. music, cooking, storytelling, sewing etc.? Yes No
2. Would you be interested in joining our Management Committee in Narrogin? Yes No
3. Do you have any suggestions on how parents can be involved in our service?

CORRESPONDENCE BY E-MAIL

If you are happy to receive newsletters, parent notes etc by e-mail please provide your e-mail address and sign below.

E-mail _____ Signed: _____ Date: _____

If you are happy to receive account invoices, receipts and statements for your childcare usage please sign and date below (if you would like to provide a different e-mail address for these please also fill this in).

E-mail _____ Signed: _____ Date: _____

If you have elected to receive correspondence by e-mail please keep us up to date with any changes to your e-mail address.

Parent initials.....

Please enter times on the days your child will be in attendance at the service. By entering times will assist in staffing for ratios.

Before school care (BSC) enter a drop off time

After school care (ASC) enter a pickup time

	Monday	Tuesday	Wednesday	Thursday	Friday
BSC	eg. 7.45am				
ASC	eg. 5.45pm				
VAC	Eg. 7:45am-5:45pm				

AGREEMENT / AUTHORISATION

I hereby authorise Narrogin Outside School Hours Care to provide care for my child

		YES	NO
1.	I acknowledge having received a copy of NOSHC parent information booklet.	<input type="checkbox"/>	<input type="checkbox"/>
2.	I agree to comply with all the requirements outlined by the NOSHC Policies and Procedures.	<input type="checkbox"/>	<input type="checkbox"/>
3.	I authorise the above service to seek medical treatment from a registered medical practitioner, hospital or ambulance service being sort for my child and transportation of my child by ambulance and agree to pay any related costs.	<input type="checkbox"/>	<input type="checkbox"/>
4.	I authorise the above service to administer medication as required.	<input type="checkbox"/>	<input type="checkbox"/>
5.	I authorise the above service to use medical equipment (such as: EpiPen for anaphylaxis, and spacer or mask for asthma) in the case of an emergency and agree to pay any related costs.	<input type="checkbox"/>	<input type="checkbox"/>
6.	I am aware my child will be excluded from care if he/she has contracted a contagious disease or condition.	<input type="checkbox"/>	<input type="checkbox"/>
7.	If anyone other than those named previously on this form is to collect my child, I shall notify the service in advance. (ID will be required)	<input type="checkbox"/>	<input type="checkbox"/>
8.	I have read and understand the service policy on Sun Protection.	<input type="checkbox"/>	<input type="checkbox"/>
9.	I give permission for the service to apply sunscreen to my child.	<input type="checkbox"/>	<input type="checkbox"/>
10.	I hereby give permission for the service to take and display visual images and videos of my child for the use of the service programs.	<input type="checkbox"/>	<input type="checkbox"/>
11.	I hereby give permission for the media to take and display visual images of my child for the use of publications NOSHC face book page and the NRCCS website.	<input type="checkbox"/>	<input type="checkbox"/>
12.	I understand that I have access to information collected about my child by the service.	<input type="checkbox"/>	<input type="checkbox"/>
13.	I acknowledge NRCCS stores and uses personal information for the purpose of administration. The information will not be disclosed to third parties without my consent in writing, except to meet government, legal or other regulatory authority requirements.	<input type="checkbox"/>	<input type="checkbox"/>
14.	I understand full fees are payable to the service until the service has notification from Centrelink of my child's entitlements.	<input type="checkbox"/>	<input type="checkbox"/>
15.	I am aware that fees are payable for all booked days, including absent days, i.e. sick days, family holidays and public holidays, fees are to be two weeks in advance at all times.	<input type="checkbox"/>	<input type="checkbox"/>
16.	I am willing to make other arrangements for the care of my child if requested by the service.	<input type="checkbox"/>	<input type="checkbox"/>
17.	I agree that all information provided in the Enrolment Contract is correct and I will advise the service of any changes, e.g. Address, phone number, work details, via a change form.	<input type="checkbox"/>	<input type="checkbox"/>
18.	I give permission for my child to be transported to and from their attending school.	<input type="checkbox"/>	<input type="checkbox"/>
19.	I give permission for my child to attend the cooking room within the Narrogin Primary School grounds.	<input type="checkbox"/>	<input type="checkbox"/>
20.	I understand that notice of two weeks' in writing to the service for cancellation of child care.	<input type="checkbox"/>	<input type="checkbox"/>
21.	I have read and understood the conditions of this Contract, and agree to abide by the contract.	<input type="checkbox"/>	<input type="checkbox"/>

Enrolling Parent/Guardian Signature: _____ Date: _____

Educators Signature: _____ Date: _____

Annual Update

Enrolment forms will be renewed by the enrolling parent/guardian annually, prior to the service closure each year.

Parent initial.....



My preferred name is:

My favourite book genre is:

Arts and Crafts that I enjoy most:

My favourite outdoor activity is:

Some of my other hobbies are: