Hunter Mobile Preschool
Learn to play. Play to learn.

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# Outside School Hours Care

## Vacy Enrolment Form

**Child's full name:** _____
**Address:** _____
_____ **Postcode:** _____
**Sex:** M / F **Date of Birth:** _____
**CRN Number:** _____
**Aboriginal/Torres Strait Islander:** Yes / No
**Nationality / Cultural Background:** _____
**Language/s spoken at home:** _____

**Days of Attendance:** **Requested Start Date:**

| | Monday | Tuesday | Wednesday | Thursday | Friday | Casual |
|---|---|---|---|---|---|---|
| **Morning 7am – 9am** | | | | | | |
| **Afternoon 3pm – 6pm** | | | | | | |

**Parent 1 / Guardian's full name (Parent/Guardian that will be claiming Child Care Benefit):**
_____
**Relationship to child:** _____
**Address:** _____
_____ **Postcode:** _____
**Email address:** _____

**Home phone:** _____ **Mobile phone:** _____
**CRN Number:** _____ **DOB:** _____
**Aboriginal/Torres Strait Islander:** Yes / No
**Nationality/Cultural Background:** _____ **Language/s spoken:** _____
**Occupation and place of employment:** _____
**Hours of work:** _____ **Work phone:** _____

**Parent 2 / Guardian's full name:** _____
**Relationship to child:** _____
**Address:** _____
_____ **Postcode:** _____
**Email address:** _____
**Home phone:** _____ **Mobile phone:** _____
**CRN Number:** _____ **DOB:** _____
**Aboriginal/Torres Strait Islander:** Yes / No
**Nationality/Cultural Background:** _____ **Language/s spoken:** _____
**Occupation and place of employment:** _____
**Hours of work:** _____ **Work phone:** _____

**OFFICE USE ONLY**
CCB ☐ MC ☐ CO ☐ IB ☐ Immunisation Statement Attached ☐

Casual/Permanent_____ Days Attending _____Start Date_____

**RE-ENROLMENT**
Date form reviewed/changes made: _____ Parent Signature: _____
Date form reviewed/changes made: _____ Parent Signature: _____

**Religion / Culture:**

**Please share with us any Religious/cultural beliefs or practices you and your child have?**

_____

_____

**Medical / Developmental History:**

**Medicare Number:** _____

**Health Fund Name and Number:**

_____

**Child's personal Doctor's name:** _____

**Address:** _____

_____ **Telephone:** _____

**Child's personal Dentist's name:** _____

**Address:** _____

_____ **Telephone:** _____

**Is your child immunised?** Yes / No
(If yes, please provide a copy of their immunisation statement for our records)

**Are there any foods or liquids your child is not allowed?**

_____

**Does your child take any medication regularly? Yes / No**
If so, what? _____
Reason for medication? _____

**Does your child have a medical condition which requires special treatment? Yes / No**

**Will our staff be required to administer any treatment? Yes / No**
If yes, please specify:

_____

**Are there any other medical conditions or disabilities e.g. asthma, eczema?**

**Does your child have any allergies?** Yes / No
Please provide details: _____

_____

**Is there anything else you would like us to know about your child's health?**

**Authorisations given by child's parents/carers**

**Please complete this section with people, other than the parents/carers listed on the front page of the enrolment form.**

**All persons listed must be over 16 years of age.**
**Please tick appropriate boxes for each person listed.**

| Name & details of person authorised | I give this person authority to: | |
|---|---|---|
| **Name:**_____<br>**Address:**_____<br>_____<br>**Phone:**_____<br>**Mobile:**_____<br>**Work Phone:** _____<br>**Relationship to child:**_____<br>**Parent Signature:**<br>_____ | ☐ **To collect my child from OSHC**<br>☐ **To be the emergency contact if parents are not able to be reached** | ☐ **Seek medical treatment**<br>☐ **To give permission for outings & excursions**<br>☐ **The authority to take my child to a medical practitioner**<br>☐ **To seek hospital treatment**<br>☐ **To authorise transportation of my child in an ambulance** |
| **Name:**_____<br>**Address:**_____<br>_____<br>**Phone:**_____<br>**Mobile:**_____<br>**Work Phone:** _____<br>**Relationship to child:**_____<br>**Parent Signature:**<br>_____ | ☐ **To collect my child from OSHC**<br>☐ **To be the emergency contact if parents are not able to be reached** | ☐ **Seek medical treatment**<br>☐ **To give permission for outings & excursions**<br>☐ **The authority to take my child to a medical practitioner**<br>☐ **To seek hospital treatment**<br>☐ **To authorise transportation of my child in an ambulance** |

| | | |
|---|---|---|
| **Name:**_____<br><br>**Address:**_____<br>_____<br><br>**Phone:**_____<br><br>**Mobile:**_____<br><br>**Work Phone:** _____<br><br>**Relationship to child:**_____<br><br>**Parent Signature:**<br>_____ | **☐ To collect my child from OSHC**<br><br>**☐ To be the emergency contact if parents are not able to be reached** | **☐ Seek medical treatment**<br><br>**☐ To give permission for outings & excursions**<br><br>**☐ The authority to take my child to a medical practitioner**<br><br>**☐ To seek hospital treatment**<br><br>**☐ To authorise transportation of my child in an ambulance** |
| **Name:**_____<br><br>**Address:**_____<br>_____<br><br>**Phone:**_____<br><br>**Mobile:**_____<br><br>**Work Phone:** _____<br><br>**Relationship to child:**_____<br><br>**Parent Signature:**<br>_____ | **☐ To collect my child from OSHC**<br><br>**☐ To be the emergency contact if parents are not able to be reached** | **☐ Seek medical treatment**<br><br>**☐ To give permission for outings & excursions**<br><br>**☐ The authority to take my child to a medical practitioner**<br><br>**☐ To seek hospital treatment**<br><br>**☐ To authorise transportation of my child in an ambulance** |

**PLEASE INFORM STAFF IF ANY CHANGES OCCUR.**

**Is there anyone who is denied access, or has an order referring to contact or residence in relation to the above mentioned child? Please tick appropriate box.**

**Yes** ☐ **No** ☐

**If yes, please provide staff with a copy of any court order stating this.**

**THE FOLLOWING IS TO BE SIGNED BY THE PARENT OR GUARDIAN.**

1) **Emergencies**
In the event of an emergency concerning my child, I give consent to OSHC staff to seek immediate ambulance, medical, dental or hospital attention for my child, and authorise transportation of my child by an ambulance service. I ***accept liability*** for the above mentioned expenses that may be incurred. Staff will notify me (or an emergency contact, authorised by me) of the above actions.
**Initial**_____

2) **Immunisation**
I accept and understand that in the event of my child not being immunised against a vaccine preventable disease and an outbreak occurs of such a disease at the OSHC service, then the service will ask that my child be excluded from attending until such time as the outbreak is over. During such exclusion, I also agree to continue to pay the fees. **Initial**_____

3) **Delivery and Collection of Child**
I understand I am responsible for the delivery and collection of my child to and from a staff member on arrival and departure. I also understand I ***must*** notify the staff should any change occur.
**Initial**_____

4) **Excursions**
As part of the educational program of the OSHC service, I give permission for staff to take my child on short walks to visit places of interest in the local area.
**Initial**_____

5) **Photographs**
I give permission for my child to be photographed while involved in OSHC activities and for these photographs to be used for marketing purposes for OSHC and the School. **Initial**_____

6) **Video/Audio**
I give permission for video & audio recordings to be taken of my child. **Initial**_____

7) **PG Rated Movies**
Throughout the OSHC program, movies rated G & PG may be made available for children to watch. I give permission for my child/children to watch these movies. **Initial**_____

8) **Sunscreen**
A 30+ sunscreen is provided by the service. I give permission for my child to apply sunscreen as needed. Yes / No
If you would prefer your child to use another type of sunscreen, you will need to provide this each day your child attends. **Initial** _____

9) **Policy/Code of Conduct Acceptance**
I agree to abide by the services policies and Code of Conduct. I have a copy of the Parent Policy Booklet, and these documents are available for viewing at my child's preschool venue.

**Initial**____

**I have read and understood and accept all of the above information.**

**SIGNED:** (Parent/Guardian) _____

**DATE:**_____

NB: A parent or legal guardian, who is listed in the child's enrolment record, must sign and return a copy of this form

# Consent to use and disclosure of child's personal information

**I understand that Hunter Mobile Preschool (the Service) will collect my child or legal ward's (as identified below) (Child) personal information.**

**Personal information (including information or an opinion) may include information that I provide (or someone provides on my behalf) as part of my Child's enrolment application or as part of an application for funding for my Child or otherwise in connection with the Child's attendance at the Service, including the Child's name, date of birth, and sensitive information such as information relating to the Child's health including any disability (this may include medical records and reports) (Personal Information).**

**I authorise the Service to disclose my Child's Personal Information to the New South Wales Department of Education (Department). I understand that the Department will only use or disclose such Personal Information relating to my Child as permitted under applicable privacy laws including the Privacy and Personal Information Protection Act 1998 (NSW) and the Health Records and Information Privacy Act 2002 (HRIP Act). In limited circumstances this may include disclosure to other Australian government agencies, including the Commonwealth and to those located in States and Territories outside New South Wales.**
**The Department may use my Child's Personal Information for any purpose relating to the exercise of its governmental functions including for, but not limited to, the assessment and potential provision of support or funding to my child or the Service including for any teachers or caregivers in connection with the Service.**

**If you do not agree to your Child's Personal Information being provided to the Department then this could impact the funding allocation made available to the Service.**

**Under law, you may have a right of access to, and correction of, such Personal Information. Please contact the Service or the Department in such circumstances.**

**I consent to the collection, use and disclosure of my Child's Personal Information in the manner outlined in this form.**

| Details of child | |
|---|---|
| Print full name of child | |
| Date of birth (DD/MM/YYYY) | |

| Details of parent / legal guardian | |
|---|---|
| Print full name of parent / legal guardian | |
| Relationship to child (e.g. Mother, father, guardian) | |

**Signature of parent/guardian:** _____ **Date** ____/____/____

**FEE STRUCTURE**

| | | | |
|---|---|---|---|
| Normal Rates: | | | |
| Morning Session | (7.00am – 9.00am) | $20.00 per child/session | |
| Afternoon Session | (3.00pm -6.00pm) | $30.00 per child/session | CCS Applies |
| | | | |
| Casual Rates: | | | |
| Morning Session | (7.00am – 9.00am) | $25.00 per child/per session | |
| Afternoon Session | (3.00pm -6.00pm) | $35.00 per child/per session | CCS Applies |

Casual fees will be charged for any attendance that is not booked on a permanent basis. All absences must be paid for. You are entitled to receive CCB for 42 absence days per child each financial year.
Fees should be paid on a weekly/fortnightly basis. Direct Deposit (Internet Banking) is the preferred method of payment.
Casual days will be invoiced.
Continuous non-payment of fees will jeopardize a child's position in the OSHC Program. Please contact the office on 49346725 if there are any problems with paying your account.

I accept the above information regarding fees.

Signed _____ Date _____

## CHILD CARE SUBSIDY

Child Care Subsidy is a payment made directly to child care providers to be passed on to families. To make Child Care Subsidy claims and view the status of their claims, families will be able to go to my.gov.au and sign in to access their Centrelink online account.
Upon enrolment, the parent and child's Customer Reference Numbers (CRN) must be added onto the enrolment form.

**INTERNET BANKING FOR FEE'S**

We accept fee payments via internet transfer.

This is our preferred method of payment. Please fill in the information below.

You will be given our bank account details and a username to enable you to make payments.

Please note that when given your username, it must be used with every payment made or your payments may not be able to be credited to your child' fees.

This facility may be used to pay amounts weekly, fortnightly, in instalments or in a lump sum as long as payments stay in advance.

Any fee's that do not remain in advance will be dealt with according to our fee collection process.

I_____ would like to use the internet transfer facility to

pay fees for my child_____ who attends the Vacy OSHC.

I agree that my fees will remain in advance at all times and I will use my issued username as a reference for each payment I make.

Signed:_____

**APPLICATION FOR MEMBERSHIP OF ASSOCIATION**

Part of the enrolment fee is for membership of the preschool service.

Being a member allows you to vote and have your say at meetings where important decisions about your child's preschool service are made.

**Lower Hunter Children's Activity Van Association Incorporated**

**(Incorporated under the Associations Incorporation Act, 1984)**

**I,** _____

(full name of applicant)

**Of**_____

(address of applicant)

_____

(occupation of applicant)

**hereby apply to become a member of the above named Incorporated Association. In the event of my admission as a member, I agree to be bound by the rules of the Association for the time being in force.**

_____ _____

Signature of applicant Date

**********

**I,** _____ (full name)

**a member of the Association, nominate the applicant, who is personally known to me, for membership of the Association.**

_____ _____

Signature of proposer Date

**********

**I,** _____ (full name)

**a member of the Association, second the nomination of the applicant, who is personally known to me, for membership of the Association.**

_____ _____

Signature of seconder Date