



Garfield Child Care
63 Garfield St,
Wentworthville 2145
Ph: 9636 2244

OOSH Enrolment Form

Management of Garfield Pty Ltd would like to thank you for choosing to enroll your child with our service, Pre School & OOSH Care. It is important that you complete all sections of the enrolment form. Before we can begin care for your child, your enrolment application must be completed and processed in full. It should also be accompanied with the following attachments:

- Copy of immunisation record
- Copy of birth certificate
- Any relevant court orders or custodial orders

Your Child's Personal Details *Please complete one form per child*

Surname _____ First Name: _____

Middle Name: _____ Other/Former Names: _____

Home Address: _____

_____ Postcode: _____ Home Phone No: _____

Gender: Male / Female D.O.B: ___ / ___ / ___

Country of Birth: _____ Primary Language Spoken: _____

Cultural Background: _____ Religion: _____

Are there any practices that should be taken in to consideration during your child's time at the centre, relating to religion or background? _____

School Child Attends: _____

Commencement Date: _____ Child's CRN: _____

_____ Families CRN: _____

Enrolment

Please indicate which days your child will be enrolled for OOSH Care:

Before & After School Care Details						
I would like Permanent Care Casual Care(Please Circle/Tick chosen care)						
Before School Care (BSC)	Days Required: Please Circle					Requested Start Date
Child 1	Mon	Tues	Wed	Thurs.	Fri	
Child 2	Mon	Tues	Wed	Thurs.	Fri	
After School Care (ASC)	Days Required: Please Circle					Requested Start Date
Child 1	Mon	Tues	Wed	Thurs.	Fri	
Child 2	Mon	Tues	Wed	Thurs.	Fri	
Vacation Care (VAC) Please note that a separate booking form is required for each vacation care. Please contact office to request a form.						

Family Circumstances (If Applicable)

Please provide details of persons living at home with your child eg. Grandparents, Siblings etc _____

Please provide details of any court orders relating to your child.

Is there anyone prohibited, or limited in their contact/access with your child? Please provide details:

Please note: certified up to date copies of any legal documentation must be provided

Parents Information

Parent 1

Surname: _____ First Name: _____

Other/Former Names: _____

Relationship to Child: Mother / Father Other: _____

Home Address: _____

Languages Spoken: _____

Contact Numbers:

Home Ph: _____ Work Ph: _____ Mobile: _____

Please circle the best day time contact number

Occupation: _____

Name Of employer: _____

Work Address: _____

Email: Work: _____ Home: _____

Parent 2

Surname: _____ First Name: _____

Other/Former Names: _____

Relationship to Child: Mother / Father Other: _____

Home Address: _____

Languages Spoken: _____

Contact Numbers:

Home Ph: _____ Work Ph: _____ Mobile: _____

Please circle the best day time contact number

Occupation: _____

Name Of employer: _____

Work Address: _____

Email: Work: _____ Home: _____

Emergency Contacts & Collection of Your Child

Please select 2 people who you authorize to be contacted in case of an emergency and authorized to collect your child should both parents be un-contactable OR unavailable to do so:

Person 1.

Surname _____ First Name: _____

Relationship to Child: _____

Contact Numbers:

Home Ph: _____ Work Ph: _____ Mobile: _____

Email: Home: _____ Work: _____

Person 2.

1. Surname _____ First Name: _____

Relationship to Child: _____

Contact Numbers:

Home Ph: _____ Work Ph: _____ Mobile: _____

Email: Home: _____ Work: _____

Dietary Requirements & Allergies

Does your child have any dietary considerations? E.g. Vegetarian, Vegan, Restriction, Halal, etc

Yes No

Please describe in detail: _____

Does your child have any known allergies or suspected allergies? Yes No

Please provide details, including how this is managed and/or treated _____

Medical Information:

Has your child ever suffered from, or is currently suffering from, any of the listed below?

Chicken Pox Yes No Asthma Yes No

German measles Yes No Measles Yes No

Epilepsy Yes No Mumps Yes No

Other Yes No Hepatitis Yes No

Does your child require any ongoing treatment for any of the above? **Yes** **No**

If yes, please provide details: *if this is in relation to Asthma this should include an Asthma plan from your doctor* _____

Is your child on any medication or do they require any assistance with a disability?

If yes please provide details _____

Doctors Information

Name: _____ Phone: _____

Address: _____

Medicare Card Number: _____

Health Fund Name: _____

Health Fund Number: _____

Dentist Information

Name: _____ Phone: _____

Address: _____

Religious Requirements in Case of an Accident: _____

Any other requirements or special needs for consideration: _____

Enrolment Agreement:

Please read the following agreements carefully, and only sign if you fully understand all of the conditions outlined.

Permission & Consent	
Child Absences	I agree to notify the Service if my child is absent from the service on a day that they are booked in and agree to pay all search fees associated should I not make contact with the Service;
Administration of Medication in case emergency	I agree to my child being administered age appropriate Panadol, if temperature exceeds 38C with confirmation via phone before administration;
Emergencies/Medical Assistance	I consent to educators seeking urgent medical, dental, hospital or ambulance services, if it is deemed necessary due to an accident or illness at the Centre in case of an emergency. I consent that in the event of an accident or illness at the service, to appropriate medical, dental or hospital treatment being administered, if it is deemed necessary;
Contagious Infection	I understand that if my child is deemed too ill or contagious to attend or remain at the Centre, I am expected to collect them immediately. I understand and agree to provide a doctor's certificate on return to care after my child has suffered from a contagious infection. I understand and agree to follow all exclusion periods relating to illness which will be enforced.
Vaccination/Preventable Disease	I understand and accept that should there be an outbreak of a vaccine preventable disease and my child is not vaccinated or immunised up to date, that my child will be excluded and all fees will be payable.
Photography	I agree to, and understand that my child may be photographed or recorded at the Centre, for programming and Centre display purposes;
Sunscreen	I consent to the application of an SPF 15+ sunscreen or greater, to my child;
Relevant Documents	I understand and accept that it is my responsibility to ensure that all of my child's information is kept up to date and relevant, including immunization and CCB;
<p>Parent/Guardians Permission:</p> <p>I _____(Parent/Guardian Name) have read and understand the above information and agree to give my permission.</p> <p>Signed _____ Date: _____</p>	

Please Note:

Parents/Guardians Disclaimer/Informed Consent relating to the OOSH Policy & Parent handbook will be issued prior to commencement of the OOSH Care Service to finalize this enrolment form.

Parents/Guardians MUST AGREE and sign prior to your child commencement.

Fees	
Absences from the Service	Fees are payable for public/family holidays and sick period if those days fall on a day that your child is booked in to the Service;
Child Absence:	I agree to notify the Service if my child is absent from the Centre on the day they are booked in. Should I not notify the Service of my child being absent, I may incur fee;
Late Fee	The Centre is open from 7.00am to 9.00am for Before school care and 3.00pm to 6.00pm for After School Care & 7.00am to 6.00pm for Vacation Care. Educators are unable to accept children in the Centre outside of hours. I understand that if my child/ren is not collected from Garfield Childcare/OOSHC by the advertised closing time, I will be charged a late fee which is calculated \$10 the first minute and \$1.00 per minute per child thereafter. I agree this additional cost.
Fees & Payment	<p>Before school: Permanent is \$17.00 & Casual care is \$20.00 After school Permanent is \$28.00 & Casual Care is \$35:00 Vacation care \$48.00 per day</p> <p>I understand that should a change of circumstances occur after the enrolment procedure has been completed, and I no longer required the position, the Centre will retain the bond. I understand that my child should attend the Centre for at least 6 weeks before termination letter is given then your bond will be returned. I understand that I have to maintain a 2 weeks bond for the period of time I am at the service and that my position will not be secure until a bond has been received;</p> <p>I understand and agree to pay all OOSH Care fees 2 weeks in advance and that if my child care fees become in arrears that I may be asked to withdraw my child from the Centre. I agree to provide 2 weeks written notice to terminate care. I agree to provide 2 weeks written notice to change days or terminate care. Please note the week you give your 2 weeks' notice does not apply to the 2 weeks' notice.</p>

We have read, understood and agree that this Service runs under the priority of access. We have read and understood this contract and agree to abide by it and the Service polices.

Name _____ (Parent/Guardian 1) Signature _____

Name _____ (Parent/Guardian 2) Signature _____

Director _____ Signature _____

Confirmed Commencement Date _____ Bond Received _____