

Child Care Australia United Ltd  
Oyster Bay Before and After School Care  
ACN: 124 784 194 ABN: 56 124 784 194  
Phillip St Oyster Bay NSW 2225  
PO Box 321 Gymea NSW 2227.  
Tele:02 9528 5009

www.oysterbayschoolcare.com.au E-mail admin@oysterbayschoolcare.com.au



# Enrolment Form

PLEASE NOTE OUR ENROLMENT FORM IS A LEGAL DOCUMENT AND MUST BE COMPLETED IN FULL

<p style="text-align: center;"><b><u>Child One</u></b></p> <p><b>Child's Name:</b> .....</p> <div style="border: 1px solid black; width: 100%; height: 100%; text-align: center; vertical-align: middle; padding: 20px;">Please Attached Photo of Child One</div>	<p style="text-align: center;"><b><u>Child Two</u></b></p> <p><b>Child's Name:</b> .....</p> <div style="border: 1px solid black; width: 100%; height: 100%; text-align: center; vertical-align: middle; padding: 20px;">Please attached a Photo of Child Two</div>
<p style="text-align: center;"><b><u>Child Three</u></b></p> <p><b>Child's Name:</b> .....</p> <div style="border: 1px solid black; width: 100%; height: 100%; text-align: center; vertical-align: middle; padding: 20px;">Please attach a Photo of Child Three</div>	<p style="text-align: center;"><b><u>Child Four</u></b></p> <p><b>Child's Name:</b> .....</p> <div style="border: 1px solid black; width: 100%; height: 100%; text-align: center; vertical-align: middle; padding: 20px;">Please attach a Photo of Child Four</div>

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<p><b>CHILD ONE NAME:</b> _____</p> <p>Child's CRN: _____</p> <p><b>DOB:</b> ...../...../..... <b>Child's Sex:</b> M F</p> <p>Address: .....</p> <p>Suburb: ..... PC: .....</p> <p>Home Telephone: .....</p> <p>Primary Language: .....</p> <p>School Attending: .....</p> <p>Are you of Aboriginal and Torres Strait Islander decent Yes No</p>	<p><b>CHILD TWO NAME:</b> _____</p> <p>Child's CRN: _____</p> <p><b>DOB:</b> ...../...../..... <b>Child's Sex:</b> M F</p> <p>Address: .....</p> <p>Suburb: ..... PC: .....</p> <p>Home Telephone: .....</p> <p>Primary Language: .....</p> <p>School Attending: .....</p> <p>Are you of Aboriginal and Torres Strait Islander decent Yes No</p>
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<p><b>CHILD THREE NAME:</b> _____</p> <p>Child's CRN: _____</p> <p><b>DOB:</b> ...../...../..... <b>Child's Sex:</b> M <input type="checkbox"/> F <input type="checkbox"/></p> <p>Address: .....</p> <p>Suburb: ..... PC: .....</p> <p>Home Telephone: .....</p> <p>Primary Language: .....</p> <p>School Attending: .....</p> <p>Are you of Aboriginal and Torres Strait Islander decent Yes No</p>	<p><b>CHILD FOUR NAME:</b> _____</p> <p>Child's CRN: _____</p> <p><b>DOB:</b>...../...../..... <b>Child's Sex:</b> M <input type="checkbox"/> F <input type="checkbox"/></p> <p>Address: .....</p> <p>Suburb: ..... PC: .....</p> <p>Home Telephone: .....</p> <p>Primary Language: .....</p> <p>School Attending: .....</p> <p>Are you of Aboriginal and Torres Strait Islander decent Yes No</p>
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**Is there anyone who is legally prohibited from having contact with or collecting the child? Yes  No.**

**If yes legal documentation must be submitted to the Centre.**

<b>Booking</b>				
<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
Before <input type="checkbox"/> After <input type="checkbox"/>	Before <input type="checkbox"/> After <input type="checkbox"/>	Before <input type="checkbox"/> After <input type="checkbox"/>	Before <input type="checkbox"/> After <input type="checkbox"/>	Before <input type="checkbox"/> After <input type="checkbox"/>
Required Stating Date: ...../...../.....		Casual Booking: <input type="checkbox"/> Permanent Booking: <input type="checkbox"/>		

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**CCB**

Are you eligible for CCB? Yes  No  Child Care benefit: % Commencement Date: ...../...../

Parent Name Registered with Centrelink: .....

Parent CRN: ..... Parent DOB: ...../...../.....

**Parent 1**

First Name: .....

Surname Name: .....

DOB: ...../...../.....

Address: .....

Suburb: ..... PC:.....

Home Telephone: .....

Mobile Number: .....

E-mail: .....

**Employment Details:**

Employer: .....

Occupation: .....

Work Telephone: .....

Full time Employment:  Part time Employment:

Are you of Aboriginal and Torres Strait Islander decent Yes No

**Parent 2**

First Name: .....

Surname Name: .....

DOB: ...../...../.....

Address: .....

Suburb: ..... PC.....

Home Telephone: .....

Mobile Number: .....

E-mail: .....

**Employment Details:**

Employer: .....

Occupation: .....

Work Telephone: .....

Full time Employment:  Part time Employment:

Are you of Aboriginal and Torres Strait Islander decent Yes No

**Immunisation:** Please supply evidence of Immunisation:

Evidence Supplied: Yes  No  Sighted By: ..... Date: ...../...../20

Comments: .....

**Birth Certificate:**

Please supply evidence of the child's Birth Certificate:

Evidence Supplied: Yes  No  Sighted By: ..... Date: ...../...../20

Comments: .....

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**Medical Details:**

**Is your child on regular medication: Yes  No**       **If yes please give details.**  
 Child 1:..... Child 2:.....  
 Child 3:..... Child 4:.....

**Does your child have any disabilities: Yes  No**       **If yes please give details.**  
 Child 1:..... Child 2:.....  
 Child 3:..... Child 4:.....

**Does your child have food difficulties or allergies Yes  No**       **If yes please give details.**  
 Child 1:..... Child 2:.....  
 Child 3:..... Child 4:.....

Relevant Medical History: .....  
 Any particular cultural background or tradition to observe: .....  
 .....

**Doctor Details:**

Family Doctor's Name: .....  
 Telephone: .....  
 Address: .....  
 Suburb: ..... PC: .....  
 Release child to Doctor:    Yes       No

**Dentist Details:**

Family Dentist Name: .....  
 Telephone: .....  
 Address: .....  
 Suburb: ..... PC: .....

**Medicare No:**.....

**Private Health Fund:**.....

**First Aid Materials:**

When the centre staff administers first aid do you want them to use these products on your child?

Persona SPF 30+ sunscreen lotion:    Yes  No       Savlon Antiseptic Powder:    Yes  No   
 Savlon Antiseptic Cream:                    Yes  No       Stingose for Stings and Bites: Yes  No   
 Band –Aid Plastic:                              Yes  No       Elastoplast Band – Aid:            Yes  No   
 Elastic Adhesive Plaster:                    Yes  No

**If your child uses different brand it must be provided by parent and kept at the Centre with your child name. (Please name brand if any. .... )**

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**Person Authorised to collect the child instead of Parents:**

<b>Person 1:</b>	<b>Person 2:</b>
Full Name: .....	Full Name: .....
Relationship: .....	Relationship: .....
Home Telephone: .....	Home Phone: .....
Work Telephone: .....	Work Telephone: .....
Mobile: .....	Mobile: .....
Address: .....	Address: .....
Suburb: ..... PC: .....	Suburb: ..... PC: .....
<b>Pickup:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Pickup:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>

**Emergency Details:**

**I authorise the following people to have access, collect my child or to be contacted in case of emergency:**

<b>Person 1:</b>	<b>Person 2:</b>
Full Name: .....	Full Name: .....
Relationship: .....	Relationship: .....
Home Telephone: .....	Home Phone: .....
Work Telephone: .....	Work Telephone: .....
Mobile: .....	Mobile: .....
Address: .....	Address: .....
Suburb: ..... PC: .....	Suburb: ..... PC: .....
<b>Pickup:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Pickup:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>

*The Centre will not allow children to go with adults unless names are written on this list or a letter authorising the detail of the person authorised to collect the child who are not listed. You may add or delete names at anytime.*

In the event of an **Emergency** including rising temperature above 38 centigrade, illness or accident concerning my child the centre will try to contact me or other person(s) authorised by me. If parent and all Authorised persons on the emergency list are not contactable, the Centre will keep the child comfortable and the Centre will immediately contact the ambulance.

Parent Signature: ..... Date: ...../...../.....

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**Media:**

I have read the Centre's Media policy and have no objection to my child's activities group photos to be published on the Centre's web site: Yes  No

Parent Signature: ..... Date: ...../...../.....

**DVD/Video:**

DVD/Video and TV are another means of story telling or watching events, and can be method of calming children especially during difficult weather condition when outdoor activities not possible. Only G rated shows permitted for viewing, with the option of some PG shows at staff discretion.

I give my permission for my child (Name)..... to watch selected PG rated movies.

Parent Signature: ..... Date: ...../...../.....

**Walking Permission:**

**If the Centre conducts outside excursions including walking between Oyster Bay Public School Sites, all DOCS regulations regarding excursions are adhered to.**

I give my permission for my child (Name).....to attend walks and participate in activities under the supervision of the Centre staff, as part of the educational programme.

Parent Signature: ..... Date: ...../...../.....

**Behaviour:**

**The centre has in place policies and procedures on Behaviour. The staff will document any inappropriate behaviour and deal with the children in an appropriate manner. If any child continues to show inappropriate behaviour, a senior staff member will contact you to request you collect your child. Please refer to our Behaviour Management, Discipline and Dismissal Policies.**

**Parent Signature:..... Date: ...../...../.....**

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**Transport Permission:**

**The centre operates a bus service to and from school for St Josephs Students and Oyster Bay Primary Students when inclement weather. Our service includes transporting the children to early school activities including chess, PSSA sport training, band practice and excursions. All DOCS regulations regarding Transport are adhered to.**

I give my permission for my child (Name)..... to be driven to school in the centre's bus under the supervision of the Centre senior staff.

Parent Signature: ..... Date: ...../...../.....

**Parents Please Note**

**Filling this form does not guarantee a place for the child until:**

Parents read our handbook and policies.

Parents sign and return with the enrolment form the page titled Mutual Obligation (page 8) of the Parent handbook.

Enrolment fee of \$55.00 is to be paid at time of enrolment.

Failing to pay the fees on time gives the Centre the authority to give the place to the next child on the list without notice.

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**Declaration**

I/We the undersigned (name) \_\_\_\_\_  
of (address) \_\_\_\_\_

Declare that the **information** given on this form at the time of enrolment is accurate to the best of my/our knowledge.

**I/we are aware also that:**

I/We required to pay my/our child weekly fees by using the centres Ezidebit System.

Fees are payable for holidays, public holidays, pupil free days, sick absence or any kind of absence.

Full fees are payable once the child's Commonwealth allowable absence is consumed.

Not paying fees for two successive weeks results in withdrawal of the service without notice.

I/We received the Centre handbook, and understand enrolment is not complete without completing an enrolment form, signing the mutual obligation form included in the handbook and returning them with payment to the Centre.

Parent Name \_\_\_\_\_

Signature: \_\_\_\_\_

Date: ...../...../20

**Enrolment Checklist ( Do not Complete Office only)**

Enrolment Form Completed: Yes / No

CRN Supplied: Yes / No

Ezidebit Form Returned: Yes / No

DOB Supplied: Yes / No

Mutual Obligation Returned: Yes / No