

OFFICE USE ONLY	Date Received _____
	Time Received _____
	Enrolment Fee Paid YES/NO
	Signed by both parents or guardians YES/NO



SNOWY MOUNTAINS CARE AND EARLY LEARNING CENTRE OSHC
APPLICATION FOR PLACEMENT
2017

All information in this form is confidential.

IMMUNISATION HISTORY STATEMENT MUST BE ATTACHED TO COMPLETE THE ENROLMENT.

Please note: \$15 per child or \$30 per family Enrolment Fee must be paid with your application before it can be lodged/waitlisted. It must also be signed by all parties - both parents or guardians - responsible for the enrolled child.

1. CHILD'S DETAILS (To claim Childcare Benefit or Childcare Rebate the CRN and DOB must be completed.)

Child's Name:	Gender:	M	F
Residential Address:			
DATE OF BIRTH:			
CHILD'S CRN (Customer Reference Number):			
Place of birth:	Home Language:		
Aboriginal, Torres Strait or South Sea Islander:	YES	NO	Please specify:

2. FAMILY DETAILS (To claim Childcare Benefit or Childcare Rebate the CRN and DOB must be completed.)

Parent/Guardian:			
Postal Address (if different from residential address):			
DATE OF BIRTH:			
FAMILY'S CRN (Customer Reference Number):			
Phone Number: (home)	(mobile)		
Place of Employment:	(work phone number)		
Place of Birth:	Home Language:		
Email Address:	(Accounts are emailed)		

Parent/Guardian:			
Phone Number: (home)	(mobile)		
Place of Employment:	(work phone number)		
Place of Birth:	Home Language:		

Siblings:

Name:	Gender:	M	F	Age:
Name:	Gender:	M	F	Age:
Name:	Gender:	M	F	Age:

3. PRIORITY OF ACCESS (Proof of work, studying/training may be required.)

Please circle your priority. More detailed information regarding priority of access is available on request.

Priority 1: A child at risk of serious abuse or neglect.
Priority 2: A child of a sole parent who satisfies, or of both parents who both satisfy, the work/training/study test under Section 14 of the A New Tax System (Family Assistance) Act 1999.
Priority 3: Any other child.

4. CARE REQUIREMENTS

PLEASE FILL OUT THE BOOKING SHEET AT THE END OF THIS FORM FOR THE CARE REQUIRED.

5. EMERGENCY CONTACTS / AUTHORITY TO COLLECT CHILD

Name, address, home and business telephone numbers of two LOCAL people who are to be contacted in case of an emergency/or persons authorised to collect your child if parents/guardians are unavailable.

Please note: You may add/change these details with the office staff throughout the year by filling "An Authority to Collect a Child" form.

Name:	
Phone Number: (home)	(mobile)
Place of Employment:	(work phone number)
Relationship to Child:	

Name:	
Phone Number: (home)	(mobile)
Place of Employment:	(work phone number)
Relationship to Child:	

I have understood and accept the rules, regulations and requirements pertaining to my child's enrolment in this document, in the Snowy Mountains Care and Early Learning Centre OSHC Handbook, Enrolment and Fees Policy Handbook and Policies Manual. I understand and will abide by all conditions appearing in this form, in the Handbook or in any documentation, as amended by the centre. I declare that the information given above is accurate and agree to notify the centre immediately if there are any changes to the above information.

I will familiarise myself with the Centre Policies and will comply with them.

*****Please note as per Enrolment and Fees Policy non-payment of fees will be handed over to a debt collection agency and you will also be responsible for all agency costs.**

Signed:	Date:
Name:	
Signed:	Date:
Name:	

To be signed by all parties (both parents or guardians) responsible for enrolled child.

Please attach copies of the Birth Certificate and Immunisation History Statement for enrolled child.

The centre is a not for profit community based centre and we welcome your family and children into the centre. We welcome parent participation on many levels of the centre's operations, and aim to develop a sincere and trusting relationship. If you have any suggestions that you would like to put forward, please feel free to approach the staff. We hope that you will approach the Director if you have any concerns about the centre or use the suggestion box. The OSHC service has a Quality Improvement Plan (QIP) and a comprehensive Policy Manual to ensure that the service provides high quality care and education for your child. The QIP and Policy Manual are located near the OSHC desk. (Please familiarise yourself with the QIP and the centre's policies.) We regularly update and include new policies. We ask all parents to be involved in these processes. If you wish to discuss any of our policies and contribute to our QIP please feel free to arrange a meeting with the Director or attend the monthly management meetings (held 3rd Monday of the month at 7pm) at the centre.

We are committed to protecting your privacy and we abide by the National Privacy Principles contained within the Privacy Act. A copy of our Confidentiality Policy can be obtained from the centre.

SNOWY MOUNTAINS CARE AND EARLY LEARNING CENTRE OSHC

INFORMATION ABOUT YOUR CHILD

2017

This information will assist staff to best meet your child's individual needs.

1. CHILD'S DETAILS

Child's Name:	Gender: M F
Date of birth:	Home Language:
Have you provided a copy of your child's Birth Certificate with this enrolment form?	YES

2. FAMILY DETAILS

Parent/Guardian:	Home Language:
Phone Number: (home)	(mobile)
Parent/Guardian:	Home Language:
Phone Number: (home)	(mobile)

3. CUSTODY

Are there any family court orders affecting custody or access to the child?	YES	NO
If YES, a copy of these will need to be added to your child's file upon enrolment. Court orders must be current. All information will be treated sensitively and will be kept confidential.		

4. MEDICAL TREATMENT

Immediate Medical Attention

If my child is seriously injured or ill while in care at the centre, I understand that every effort will be made to contact parents or emergency contacts. I agree that the Director or delegate will seek urgent medical, dental or hospital treatment to be performed. In the case of a serious/life threatening incident, I give permission for the centre Director/Nominated Supervisor to call an ambulance for my child and agree to pay any costs incurred.	
To be signed by all parties (both parents or guardians) responsible for enrolled child.	
Signed:	Date:
Signed:	Date:
MEDICARE NO:	POSITION ON CARD:

I give permission for the following substances or medical aids to be applied to my child. (Please tick next to each item.)	
Band-Aids	
Sunscreen SPF 50+	Please provide your own sunscreen if you do not give permission.

Child's Immunisation Record

Has your child been immunised?	YES	NO
A copy of the Immunisation History Statement must be attached in order to complete the enrolment.		
If your child is not immunised please provide a conscientious objector form. Please be aware according to regulations, they may be excluded from the centre as per Immunisation and Health Related Exclusion Policy.		

5. HEALTH INFORMATION

It is VITAL the correct medical and health information is provided about your child. For the health and wellbeing of your child please speak to the Director if necessary and provide up to date information for our records.

Medical Conditions

Does your child suffer from any medical conditions such as allergies, asthma, anaphylaxis, epilepsy, diabetes etc?	YES	NO
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If YES please provide details:

Does your child require: ANTIHISTAMINE or EPIPEN (please circle)
If your child requires ANTIHISTAMINE or EPIPEN it MUST be provided to the centre. Have you provided this? YES
If your child has any of the above medical conditions you MUST provide an appropriate Action Plan signed by your medical practitioner. Have you provided the appropriate Action Plan to the Director? YES NO
If not, please discuss with the Director prior to starting. It is a requirement that you provide the centre with an individual medical management plan for your child signed by the medical practitioner who is treating your child. Your child will not be allowed to attend until all the necessary information and medication has been provided.

Dietary Requirements

Does your child have special dietary requirements?	YES	NO
If YES please give details:		
Are there any food stuffs not to be consumed due to intolerances, cultural or religious beliefs?	YES	NO
If YES please give details:		
Can your child share food provided by others eg. birthday cake?	YES	NO

Other Medical Conditions

Does your child have any other medical condition?	YES	NO
If YES please give details:		
If YES please discuss with the Director prior to starting.		

6. GENERAL NEEDS

General

What would you most want for your child at the service?
Is there any particular area of development that concerns you that we need to know about?
To provide the service best suited to your needs and the needs of your child, please list celebrations relevant to your culture.
What information do you consider important to know each day and what is the best means of communication for you?
Have you any skills you would like to share with us? e.g. pottery, art, music, dance

7. PHOTOGRAPHS AND FILMING

My child is authorised to be filmed or photographed for use in learning displays, documentation of the children's work within the service.	YES	NO
Do you give permission for these photographs to be used by the local press, or for display outside of the service?	YES	NO

8. SOCIAL MEDIA

When we select a photo for use on social media we will endeavour not to show the children's faces where possible and we will never label photos of the children with their names. (Please refer to the Privacy Online & Social Media Policy for further information.)		
My child is authorised to have their photos posted on Social Media.	YES	NO

Received on:

SNOWY MOUNTAINS CARE AND EARLY LEARNING CENTRE OSHC

BOOKING SHEET

2017

Child's Name:	Gender: M F
Year at School:	Age:

I require Snowy Mountains Care and Early Learning Centre OSHC to provide their service to the above listed child on the following days:

Term: 1 2 3 4
(please circle)

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Before School Care	Before School Care	Before School Care	Before School Care	Before School Care
After School Care	After School Care	After School Care	After School Care	After School Care

When your child is booked in:

I understand that I am responsible to pay for the minimum booking rate - 1 hour for Before School Care, 2 hours for After School Care - whether my child attends or not. I understand this is a permanent booking for the duration of the term or terms I have circled. I understand two week's written notice, on the relevant form, is required to withdraw this placement. I understand any CCB or CCR I am entitled to will be applied even if my child is absent.

Vacation Care: January Holidays April Holidays July Holidays September/October Holidays
(please circle)

Please write in the dates you require.

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

When your child is booked in:

I understand for days booked in for Vacation Care the fee will apply whether my child attends or not. I understand this may also incur the charge of the excursion fee for that particular day. I understand Vacation Care bookings, once made, may not be withdrawn or cancelled. I understand any CCB or CCR I am entitled to will be applied even if my child is absent.

To help keep my child safe I will notify Snowy Mountains Care and Early Learning Centre to let them know if my child is going to be absent. Contact ph: (02) 6456 2569 or email admin@smcelc.com.au

*****Please note as per Enrolment and Fees Policy non-payment of fees will be handed over to a debt collection agency and you will also be responsible for all agency costs.**

Signed:	Date:
Name:	
Signed:	Date:
Name:	

To be signed by all parties (both parents or guardians) responsible for enrolled child.