

2020 ENROLMENT FORM

Jubilee Maroubra Bay OOSH, Before School Care, After School Care & Vacation Care.

Residential Address : Duncan Street, Maroubra NSW 2035
 Mobile Phone : 0477 002 117
 Hours of Operation : Monday - Friday, 7.00am - 9.00am and 3.00pm - 6.00pm (School Days)
 : Monday - Friday, 7.00am - 6.00pm (Vacation Care and Pupil Free Days)
 Email : mboosh@jubileecs.org.au (preferred)
 Website : <https://jubileecs.org.au/>

Child # 1 Details:

Surname		First Name	
Second Name		Gender	
Language		Birth Country	
School		Date of Birth	
CRN # (full fees will be charged if this is not given)		Address	

Child # 2 Details:

Surname		First Name	
Second Name		Gender	
Language		Birth Country	
School		Date of Birth	
CRN # (full fees will be charged if this is not given)		Address	

Child # 3 Details:

Surname		First Name	
Second Name		Gender	
Language		Birth Country	
School		Date of Birth	
CRN # (full fees will be charged if this is not given)		Address	

Parent/Guardian 1 Details: (CCS ACCOUNT HOLDER ONLY)

Surname		First Name	
Address		Relationship to Child	
Home Phone		Work Phone	
Mobile		Employer	
Email Address (For mailing statements)		Occupation	
CRN # (full fees will be charged if this is not given)		Date of Birth (needs to be given to claim CCB)	

Parent/Guardian 2 Details:

Surname		First Name	
Address		Relationship to Child	
Home Phone		Work Phone	
Mobile		Employer	
Email Address (For mailing statements)		Occupation	
CRN # (full fees will be charged if this is not given)		Date of Birth (needs to be given to claim CCB)	

FAMILY CIRCUMSTANCES

Are there any family, religious or cultural requirements that should be known (If so, do you have any suggestions to incorporate this into our weekly program)

.....

Family Status: (please tick appropriate answer)

- Married
- Separated
- Divorced
- De facto
- Single Parent

Who is responsible for fees?

- Parent/Guardian 1
- Parent/Guardian 2
- Shared care
- Other

Court Orders Relating to the Child

- 1) Are there any court orders, parenting orders or parenting plans relating to the powers, duties and responsibilities or authorities of any person in relation to the child or access to the child? (Please Circle) NO/YES
If yes, please provide all relevant documentation and paperwork
- 2) Are there any other court orders relating to the child's residence or the child's contact with a parent or other person? (Please Circle) NO/YES
If yes, please provide all relevant documentation and paperwork.

Please note that without this documentation we cannot legally enforce the Order/s

EMERGENCY CONTACT DETAILS (must be over the age of 18)

Authorised Nominee means a person who has been given permission by a parent or family member to collect the child from the education and care service or family day care service. (*Education and Care Services National Regulations Regulation 160*). Please supply at least TWO people's contact details (other than the parent or guardian) that you authorise to collect your child and/or contact in case of an emergency. It is your responsibility to notify these people and inform them that they are an authorised nominee or emergency contact for your child at the service. The Authorised nominees must live a maximum of 30 minutes from the service and must be able to provide photo identification upon request.

NOTE: Staff will not release a child to anyone other than those listed below, unless the Parent/Guardian has notified the centre in writing. Staff will only use listed contacts below in the event of an emergency if both Parent/Guardian are unavailable. **Photo ID must be shown prior to the child being released.**

FIRST EMERGENCY CONTACT # 1:

Surname		First Name	
Address		Relationship to Child	
Home Phone		Work Phone	
Mobile		Can this person collect children as well?	YES/NO

This person has the authority to (please select):

- Collect your child or authorise another to collect your child from the service (Authorised Nominee)
- Authorise an educator to take your child on excursions and regular outings from the service premises in the event that you cannot be contacted?
- Consent to medical treatment by a medical Practitioner, hospital or ambulance service and/or transportation by ambulance service for your child
- Consent to medication being given to your child
- Be notified of an emergency involving your child if you cannot be contacted (emergency contact)

Parent/Guardian 1: Yes/No

Parent/Guardian 2: Yes/No

Signature:

Signature:

MEDICAL DETAILS

Family Medicare Card Number:.....

Private Fund (if applicable):..... Membership Number:.....

Medical Practitioner

Name.....Phone No.....

Address.....

Dental Practitioner

Name.....Phone No.....

Address.....

Medical Information

(Please attach any medical management plans with this Enrolment where applicable)

Child's #1 Details:

Does your child have any serious medical conditions that the centre should know about? E.g Asthma, Anaphylaxis, Diabetes, Epilepsy. (if yes please provide details **AND** a copy of their Action Plan)
YES/NO (if yes please provide details)

Details.....
.....

Does your child have any special dietary requirements or restrictions? YES/NO
(If yes please provide details)

Details.....
.....

Is your child affected by any allergies? YES/NO

Details.....
.....

Is your child on any prescribed medication YES/NO (if yes please provide details)

Details.....
.....

If yes refer to the centre's policy on Administration of Medication. Please describe side effects of medication that staff should be aware of.

Details.....

Does your child have any physical or sensory impairment that the staff should know about? YES/NO (if yes please provide details)

Details.....

Medical Information

(Please attach any medical management plans with this Enrolment where applicable)

Child's #2 Details:

Does your child have any serious medical conditions that the centre should know about? E.g Asthma, Anaphylaxis, Diabetes, Epilepsy. (if yes please provide details **AND** a copy of their Action Plan)
YES/NO (if yes please provide details)

Details.....
.....

Does your child have any special dietary requirements or restrictions? YES/NO
(If yes please provide details)

Details.....
.....

Is your child affected by any allergies? YES/NO

Details.....
.....

Is your child on any prescribed medication YES/NO (if yes please provide details)

Details.....
.....

If yes refer to the centre's policy on Administration of Medication. Please describe side effects of medication that staff should be aware of.

Details.....

Does your child have any physical or sensory impairment that the staff should know about? YES/NO (if yes please provide details)

Details.....

Medical Information

(Please attach any medical management plans with this Enrolment where applicable)

Child's #3 Details:

Does your child have any serious medical conditions that the centre should know about? E.g Asthma, Anaphylaxis, Diabetes, Epilepsy. (if yes please provide details **AND** a copy of their Action Plan)
YES/NO (if yes please provide details)

Details.....
.....

Does your child have any special dietary requirements or restrictions? YES/NO
(If yes please provide details)

Details.....
.....

Is your child affected by any allergies? YES/NO

Details.....
.....

Is your child on any prescribed medication YES/NO (if yes please provide details)

Details.....
.....

If yes refer to the centre's policy on Administration of Medication. Please describe side effects of medication that staff should be aware of.

Details.....

Does your child have any physical or sensory impairment that the staff should know about? YES/NO (if yes please provide details)

Details.....

ADDITIONAL NEEDS

Child #1 Details

Does your child have any Additional Needs/ongoing disabilities? Yes/No

If your child has been assessed, please provide detailed documentation in relation to the assessment to assist the centre and educators to cater for your child's individual needs.

Please list if your child has any of the below Additional Needs: _____

- Physical Condition
- A.D.D/ A.D.H.D
- Behavioural Condition
- Speech
- Emotional Condition
- Hearing
- Gifted/Talented
- Autism
- Learning

Please provide details of your child's Additional Needs:

.....

I give permission for the centre to access suitable agencies to assist my child's Additional Needs: **Yes/No**

Child #2 Details

Does your child have any Additional Needs/ongoing disabilities? Yes/No

If your child has been assessed, please provide detailed documentation in relation to the assessment to assist the centre and educators to cater for your child's individual needs.

Please list if your child has any of the below Additional Needs: _____

- Physical Condition
- A.D.D/ A.D.H.D
- Behavioural Condition
- Speech
- Emotional Condition
- Hearing
- Gifted/Talented
- Autism
- Learning

Please provide details of your child's Additional Needs:

.....

I give permission for the centre to access suitable agencies to assist my child's Additional Needs: **Yes/No**

Child #3 Details

Does your child have any Additional Needs/ongoing disabilities? Yes/No

If your child has been assessed, please provide detailed documentation in relation to the assessment to assist the centre and educators to cater for your child’s individual needs.

Please list if your child has any of the below Additional Needs: _____

- Physical Condition
- A.D.D/ A.D.H.D
- Behavioural Condition
- Speech
- Emotional Condition
- Hearing
- Gifted/Talented
- Autism
- Learning

Please provide details of your child’s Additional Needs:

.....
.....

I give permission for the centre to access suitable agencies to assist my child’s Additional Needs: **Yes/No**

IMMUNISATION

Please provide a copy of your child/ren’s up to date **IMMUNISATION RECORDS**

*OOSH Services are required by law; Public Health Amendment (Vaccination of Children Attending Child Care Facilities) Act 2013 No 46 to keep a copy of every child’s immunisation record on file. **This document needs to be provided** to the service upon Re-Enrolment or Enrolment. Failure to provide this document will result in your Enrolment not being accepted.*

**** All exemption forms need to be signed by a medical practitioner and provided by the parent to the OSHC Services upon enrolment.**

IMPORTANT NOTE REGARDING ANAPHYLAXIS:

The Centre has children attending who are at risk of a severe, life threatening anaphylactic reaction. We ask that families do not send any **NUT or EGG BASED PRODUCTS** or foods with their children to the centre.

Coordinator use only

I, _____, the coordinator of Maroubra Bay OOSH declare that I have received and cited a copy of the child/ren’s immunisation record OR an official exemption form.

Signed: _____ Date: _____

AUTHORITY FOR EMERGENCY MEDICAL OR DENTAL TREATMENT

Although every care will be taken of your child while at the centre, the staff can in no way be held responsible for any accident which may occur. In the event of an accident or illness requiring emergency medical treatment, every effort will be made to contact the Parent/guardian before such treatment is sought. However should this prove impossible it will be necessary for authority to be given for the treatment to be undertaken.

I.....hereby give permission for the staff at the centre to seek medical/ dental attention for my child in the event of an accident.

In case of an emergency, does the centre have the authority to call an ambulance for your child? YES/ NO

I will accept financial responsibly for my child’s medical / dental treatment.

I understand that relevant information on this form will be passed on to the hospital medical/ dental staff if required

Signed.....

BOOKING FORM

Please tick the session/s you require:

	Permanent			Casual		
Child	Child 1	Child 2	Child 3	Child 1	Child 2	Child 3
Before School Care						
After School Care						
Vacation Care						

If you have selected any **permanent sessions**, please tick the days you require.

	Before School			After School		
Child	Child 1	Child 2	Child 3	Child 1	Child 2	Child 3
MONDAY						
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						

Start Date: _____

Last day of attendance (office use): _____

PLEASE NOTE:

- If you wish to change, or cancel days we require **2 weeks' notice in writing**.
- All booked sessions must be paid for, even if not attended.
- Payments must be made by **DIRECT DEBIT only** from your nominated bank account. We do **NOT** accept any other forms of payment e.g. cash or cheque unless arranged with the General Manager. Payments are direct

debited **only on a fortnightly basis** with an annual registration fee of **\$75.00** charged at the beginning of each year per family. (If you enroll your child throughout the year, the Annual registration fee will still apply).

Signed.....

Date.....

You MUST sign a direct debit form and attach it to this form, for your booking to be accepted.

PERMISSIONS

Transport:

In an emergency, I give permission for my child/ren to be transported to and from School in Jubilee Community Services Staff Vehicles.

Signed..... Date.....

Emergency Medical Treatment

I agree that the service may seek medical treatment from a registered medical practitioner, hospital, or ambulance service and transportation by an ambulance in the event that my child/ren has been injured or becomes ill at the service. **Your child's enrolment will not be accepted unless agreed.**

Signed..... Date.....

Videos/DVD:

I give permission for my child/ren to watch videos/DVDs rated G or PG selected by the OOSH Co-coordinator, throughout the year, including Vacation care.

Signed..... Date.....

Local Excursions:

I give permission for my child/ren to participate in local excursions from the centre by foot within the local community. Notification will be given prior to any excursion.

Signed..... Date.....

Centre Publicity:

I give permission for my child/ren to be photographed or recorded on an excursion or whilst at the centre, for the purposes of programming and quality assurance evidence.

Signed..... Date.....

I also give consent for the photos and videos of my child/ren to be used to publicise the center including newsletter via email, Instagram and our Facebook Page. **Any images uploaded on our Facebook page are edited to protect children's identity.**

Signed..... Date.....

Communication:

I give permission for the staff to discuss issues concerning my child/ren with staff, which will then be forwarded to me upon collection of my child/ren.

Signed..... Date.....

Outdoor Sun Protection:

Our Centre has a **'No Hat, No Play'** policy.

I will ensure that my child arrives with a hat and that if I require my child to wear sunscreen, that I will supply the cream and inform my child to reapply it during the sessions.

Signed..... Date.....

Personal Items:

I give permission for my child/ren to use personal electronic devices that will be monitored by staff at all times. The child will be permitted to engage in this activity for a short period of the session.

Signed.....Date.....

Leaving Maroubra Bay OOSH early:

I give permission for my child/ren to leave Maroubra Bay OOSH before school care at 8.30am at which time they will go into the care of the school teacher on playground duty.

Please list child/ren

Signed..... Date.....

Bus transport (only applies to children that need to be transported to and from our centres)

I give permission or my child/ren to travel to and from school on the bus provided Maroubra Bay OOSH

Signed.....Date.....

Policies:

I have read and agree to abide by the policies as set out by Jubilee Community Services (Policies are available to all families and can be obtained by asking the OOSH Coordinator).

Signed.....Date.....

Family Handbook and Enrolment Package

I have read and agree to information set out in the Family Handbook and Enrolment Package. All information I have provided is correct at the time of enrolment and I understand I must inform the centre immediately if any details change.

Signed.....Date.....

DECLARATION

As a person who has lawful authority of the child referred to in this enrolment form for JCS I:

- Declare that the information in this enrolment form is true and correct and will immediately inform the service in the event of any change to this information.
- Agree to collect or make arrangements for the collection of the child/ren referred to in this enrolment form if he/she becomes unwell.
- Declare that I have read and understood the policies of Maroubra Bay OOSH & Vacation Care and will abide by those policies.
- I have read and agree with the fees, payment structure and policies of Maroubra Bay OOSH & Vacation Care and agree to pay fees up to date.
- Agree to update any information relating to those individuals I have nominated to be an Authorised Nominee or other emergency contact and any contact details of any medical or dental professional nominated in the Enrolment Form.
- Agree that my child's place at the service is subject to the Priority of Access scheme as outlined in the Enrolment Policy.
- Agree for my child to be observed and programmed for by students and educators who may be employed at the service or completing practical components of their studies at the service, and if relevant, copies of the child's documentation to be submitted to the institution the student is completing their studies at as part of an assessment.
- Agree that I will assist with my child's learning by completing Family Input documentation to the best of my abilities.
- A staff member with appropriate training &/or first aid certificate will administer emergency asthma or anaphylaxis medication. I understand that in this circumstance the service will contact me and emergency services as soon as possible.
- My child/ren will not attend the service when suffering from infectious and contagious illnesses.
- I/we are liable for all fees associated with my/our child's enrolment at this service and understand that I/we are responsible for updating Child Care Benefit information (if applicable) whilst my child is in care and, where no longer eligible, will be required to pay the full fee.
- I/we will give the required written notice (service operating days) when withdrawing my child.
- Failure to pay fees, non-attendance without explanation, unwillingness to comply with the service's policies and procedures or other reasons determined unsatisfactory by the service will result in termination of my child's enrolment.
- Any information provided on this form may be used for the purpose of meeting legislative requirements and provision of the approved service. I/we understand that the information may be accessed by Jubilee Community Services (Approved Provider) and any authorised officers under relevant Law. I/we may access my/our personal and sensitive information kept by the service. A copy of the Privacy Policy can be provided.

Parent/Guardian 1

Signature

Date

Parent/Guardian 2

Signature

Date

MAROUBRA BAY OOSH ENROLMENT FORM 2020 CHECKLIST

Please ensure that all pages of the Enrolment form are completed. There are ten (10) pages in total.

Page 1

- Ensure all child/ren's details are completed and clearly written.
- Parent/guardian and children have different CRN numbers, please ensure the correct numbers are provided.
- Child/ren's date of birth is provided

Page 2

- Ensure Parent/guardian details are completed and written clearly
- If Parent/guardian are claiming CCS, it is essential to have the full name and date of birth of Parent/guardian and child (no short name or nicknames).
- Email addresses are essential.
- Provide all relevant documentation and paperwork in relation to Court orders

Page 3 & 4

- Emergency contact details must be different to Parent/guardian contact details. The emergency contact must **NOT** be Parent/guardian – it must be someone we can call if we cannot get in touch with Parent/guardian.
- Authority checklist for emergency contacts to be completed and signed

Page 5, 6 & 7

- Make sure all medical details are completed and documents provided where applicable.
- If your child requires medication, please ask Coordinators to provide you with necessary documentation to fill in including Medical Conditions Risk minimisation plan.

Page 8 & 9

- If your Child has any Additional needs, please ensure you have provided detailed information so we can cater and support them accordingly.
- Photocopy of Immunisation Record provided
- Authorisation for emergency medical or dental treatment

Page 10

- Ensure all sessions required are ticked
- Ensure that a start date has been provided
- Sign and date acceptance of Fee system
- Read, sign and attach Direct Debit Form

Page 11 & 12

- Permissions to be signed

Page 13

- Declaration to be read and signed (Parent 1 & 2)

FURTHER INFORMATION ABOUT CHILD/REN

This area will be detached from the Enrolment form to assist staff in the daily care and education of your child/ren. Please take the time to fill out the information below so our Educators can support your child during their time in our care.

Does your child/ren have any siblings? If so, please provide their names and ages.

Does your child/ren have any other close relations attending the centre? E.g. cousins/friends, If so, please provide their names and ages

Do any of the children you are enrolling suffer from any fears or phobias?
Please specify what fear or phobias your child/ren suffer from and how to manage them appropriately.

Child's Cultural and Religious Considerations:

Please outline your child/ren's cultural/religious background and if relevant any cultural practices you would like followed:

What are your child/ren's interests and strengths? E.g. Sports, art, cooking, games, books etc.

Is your child/ren apart of any extra curricula activities outside of school?

Please provide us with any other information we should know about your child/ren: