



Rochedale Outside School Hours Care Association

694 Rochedale Road, Rochedale 4123

Phone number: 3841 1943 School Fax number: 3340 8300

ENROLMENT FORM 2017

(THE FOLLOWING INFORMATION IS CONFIDENTIAL)

CHILD DETAILS (enrolling with ROSHCA)

First Name: _____ Surname: _____

Address: _____

Child Resides with: _____

(please circle) Both Parents Mother Father Guardian

Age: _____ D.O.B: ____ / ____ / ____ Child CRN (Centrelink No) _____ Male Female

School: _____ Grade: _____ Teacher: _____

PARENT/GUARDIAN INFORMATION

CARER 1:

Name: _____ Relationship to Child: _____

Phone (H) _____ (M) _____ (W) _____

Street address _____ Suburb _____ Post code _____

Occupation _____ Currently Working Seeking Work Studying

D.O.B: _____ Family CRN (Centrelink No) _____

Email address _____

The date of birth and Centrelink reference numbers (CRN) for the account holder and each child are required for the purposes of linking for Child Care benefits (CCB) and the 50% Child Care Rebate. Families **MUST** be assessed as eligible for CCB, please contact the Family Assistance office on 13 61 50 for further information.

CARER 2:

Name: _____ Relationship to Child: _____

Phone (H) _____ (M) _____ (W) _____

Street address _____ Suburb _____ Post code _____

Occupation _____ Currently Working Seeking Work Studying

D.O.B: _____ Family CRN (Centrelink No) _____

Email address _____

CUSTODY DETAILS

Are there any special access/custody arrangements? YES NO

Has a copy of the relevant documentation been provided? YES NO

CULTURAL INFORMATION

Primary language spoken at home _____.

Relevant cultural details e.g. Foods, Activities etc: _____.

_____.

Is your child of Aboriginal or Torres Strait Islander descent Yes No

EMERGENCY CONTACTS /COLLECTION DETAILS (OTHER THAN PARENTS)

Name _____

Name _____.

Address _____

Address _____.

Phone (H) _____

Phone (H) _____.

(W) _____

(W) _____.

(M) _____

(M) _____.

Relationship to Child _____

Relationship to child _____.

Authorised to collect Yes No.....

Authorised to collect Yes No

Name _____

Name _____.

Address _____

Address _____.

Phone (H) _____

Phone (H) _____.

(W) _____

(W) _____.

(M) _____

(M) _____.

Relationship to Child _____

Relationship to child _____.

Authorised to collect Yes No.....

Authorised to collect Yes No

Please tick below the days you anticipate your child/ren will be attending the centre each week

Service Type	Monday	Tuesday	Wednesday	Thursday	Friday
Before School Care					
After School Care					
Casual / Vacation care					

Do you have another child attending another service other than ROSHCA? Yes/No. How many?

Vacation care programs and booking forms are available at least 3 weeks before the vacation care period starts. The program has a mix of in-house activities and excursion days.

Alternate care is not provided at the service on excursion days. Alternative care will be the parent's responsibility.

PARENT INVOLVEMENT

Please list any expertise/special interests/talents you may have which you can offer to the service

HEALTH/MEDICAL DETAILS

Does your child have any medical conditions? (Epilepsy, Diabetes, Anaphylaxis, Asthma)

No Yes

If yes, please provide details: _____

Does your child require regular medication? No Yes

If yes, please provide details: _____

*If staff will be required to administer medication, a separate medication authority form is to be completed by the parent/guardian.
All medication is to be provided in the original packaging with the child's name and dosage.*

Does your child have any allergies, sensitivities and/or special needs?

No Yes Mild / Severe / Anaphylaxis

Please provide details of any allergy management plans relating to your child

Does your child experience asthma?

No Yes Mild / Severe

Please provide details of any asthma management plans relating to your child

Are your child's immunisations up to date? No Yes

If your child's immunization status is not up to date, your eligibility to receive Child Care benefit may be effected.

Does your child have any specific dietary requirements, restrictions or intolerances?

No Yes

Please provide details of any food intolerance/dietary management plans relating to your child

Is there any other things we should know about your child? (fears, loud noises, behaviour concerns)

If yes, please provide details: _____

Family Doctor's Name: Phone No

Address

Medicare No: _ _ _ _ _

Private Health Cover Yes No Member No.....

Fund name.....

We regret we are unable to care for sick children or children with a contagious illness. Medicine or tablets will only be administered to children by a certified staff member under written authorisation from parent and medical practitioner. I authorise first aid and medical attention to be administered by a certified staff member if required.

In the event of any accident or illness, I authorise the OSHC staff, obtaining on my behalf of any medical assistance that my child/ren may require, and agree to meet any expenses attached thereto. In case of emergency, I agree for my child/ren to be transported by Ambulance to the most appropriate facility.

Signature of parent/guardian: Date:.....

TO BE COMPLETED BY PARENT OR GUARDIAN

I am willing for my child/ren to participate in all activities offered in the R.O.S.H.C.A. programme. I agree it is my responsibility to familiarise myself with the programme and to advise the staff, in writing, if I do not wish my child/ren to participate in a particular activity. I understand that the nature of the activities will include but not limited to centre based activities/community outings/meal times and that risk may arise during these activities

No Yes

I give permission for staff to take photographs of my child during the program for the sole purpose of displaying them within the centre. I acknowledge that these photographs will not be used for any other purpose unless parental permission is sought prior.

No Yes

I give permission for staff to assist in the application of a suitable SPF30+ sunscreen to my child as deemed necessary by the Coordinator, and reapply it according to the manufacturer's recommendations.

No Yes

I give my consent to the information in this document being available to the educators employed who work with my child at ROSHCA. I understand this information will be handled strictly in accordance with Privacy and confidentiality Guidelines and will only be shared as a way of improving of service provision to my child.

No Yes

I understand that should my child's behaviour be unable to be supported by staff, that i will be contacted and asked to collect my child.

No Yes

I give permission for my child/ren to watch movies at ROSHCA of either a G or a PG rating and agree to notify the centre, if I do not want my child to see these movies.

No Yes

I agree to notify the centre, in writing, of any changes in circumstances from the details as outlined in this enrolment for, including contact details and living arrangements of my child and or parent/guardian.

No Yes

I agree to notify Roshca if my child is absent as soon as possible and to pay any fee that may be incur as set out in the service policy.

No Yes

I agree to keep my child from attending the program should he/she be experiencing any illness or contagious disease.

No Yes

I agree to receive my statement/account, promotional material, newsletters by email, if I don't wish to receive my statement by email I agree to notify the coordinator.

No Yes

I understand that it is my responsibility to ensure all Child Care Benefit requirements are fulfilled, in particular ensuring eligibility for CCB, providing my/our date of birth and providing family and child Customer Reference Numbers.

No Yes

I have completed all 5 pages of this enrolment form, including the fee policy agreement.

No Yes

I am the parent/legal guardian of the child/ren whose name appears on this form. I agree to abide by the policies and procedures of the Centre and as outlined in the OSHC Family Handbook. I acknowledge that I am liable for all attendance fees and charges that apply at this Centre.

Signature of parent/guardian: **Date:**.....

Name of parent/guardian (please print):



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Fee Policy Agreement

Rochedale Outside School Hours Care Association (ROSHCA) aims to provide a quality service to families, at an affordable price. The Management Committee sets fees based on the annual budget required for the provision of high quality child care that is in keeping with our Philosophy, Goals and service Policies and Procedures and taking into consideration the increase in the cost of services, resources and staff wages.

As always additional services will continue to be provided, such as Breakfast during Before school care, Afternoon tea during After School care and Breakfast, Morning tea and Afternoon tea during vacation care, sunscreen, tissues and germ buster (hygiene items) at no extra cost.

Accounts are emailed to families or are available for collection from the accounts box located next Eftpos machine. All accounts are generated weekly; Payment is due **no later than the following Friday**.

Payments can be made by direct deposit, Eftpos or credit card (Master and Visa). Payments by Eftpos need to be placed into the black Fees box. Eftpos receipts should include your child's name. Receipts are available upon request only. Statements of usage are printed or emailed weekly if applicable.

Absent days (not including public holidays) are classified as a booked day and normal fees apply.

Late fees: Closing time of ROSHCA is 6.00pm. Parents who collect their children after this time will incur a late fee of \$10 per child, plus a charge of \$1.00 per minute per child after 6pm, (this is to compensate employees for overtime rates as required by relevant industrial instruments).

If parents are having trouble paying their fees, for whatever reason, they are encouraged to speak to the Coordinator about this. We **strongly** encourage doing this, before you are in considerable debt.

Fees outstanding for more than two weeks will result in enrolment being terminated until fees are cleared. Your child will then go onto the waiting list, re-attending the service when a place becomes available.

A debt collection agency will be appointed to recover monies outstanding for more than four weeks. Contact the Coordinator to discuss payment of outstanding fees, confidentiality is assured.

Fee Policy Agreement Acknowledgement

I acknowledge I have read the above "Fee Policy Agreement" and understand if I allow my fees to become more than two weeks in arrears, my child's enrolment will be terminated until fees are cleared and my child will go onto the waiting list, re-attending the service when a place becomes available. I also acknowledge that I am required to collect my account from either the accounts box or via email weekly and that Payment is due no later than the following Friday.

Parent's Name: _____ Signature: _____

Children's Name/s: _____ Date: _____
