

<b>My child will be attending:</b>					
East Hamilton Hill	Weybridge	Samson	Beaconsfield	Northshore	Rio Tinto/Samson Fremantle
School:		Room:		Year:	
How did you hear about us?					
Family who attend		School		Internet	
				Other	
Have you attended a Wanslea service previously?				Yes	No
Do you have another child being cared for by a different service?				Yes	No

CHILD DETAILS			
Surname:		DOB:	
Given Names:		Gender:	Male Female
Child CRN:			
Address:			
Primary Language:			
Country of Birth:			
School:			

Is your child of Aboriginal or Torres Strait Islander origin?	Yes	No
Is your child currently or will your child be attending another Child Care Centre? <i>If yes, please provide detail below</i>	Yes	No
<i>This section has been intentionally left blank. Please continue to next page</i>		

Author/Reviewer:	Carol Armstrong/Elisha S	<b>This document is uncontrolled</b>	Document number:	WDT019
Approved by:	Sandra Murphy	<b>In hard copy format</b>	Revision:	V2
Applies to:	Out of School Hours Care		Issue date:	03/09/2019
Pages:	8 Pages		Date for review:	03/09/2022

## Wanslea Early Learning and Development

### Outside School Hours Care Enrolment Form

#### CARE REQUIREMENTS

**After School Care:** Monday Tuesday Wednesday Thursday Friday Casual

**Before School Care:** Monday Tuesday Wednesday Thursday Friday Casual

**Vacation Care:** Casual only Start Date

**Vacation Care is NOT available at Beaconsfield OHSC**

**Vacation Care and Before School Care is NOT available at East Hamilton Hill OSHC**

**Please Note:**

**Additional Booking sheets must be completed prior to each school holidays - days of care**

**Session times for each service are available at [www.wanslea.asn.au](http://www.wanslea.asn.au)**

#### AUTHORISED CONTACTS

**Lawful Authority:**

*All parents have powers and responsibilities in relation to their children which can only be changed by a court order. A court order; such as under the Family Law Act, may take away the parents authority, or may give authority to another person.*

**Guardians**

*The guardian of a child also has lawful authority. A legal guardian is given legal authority by a court order.*

#### ENROLLING PARENT/ GUARDIAN DETAILS

##### Authorised Contact

Surname:		DOB:	
Given Names:		Gender:	Male Female
Relationship to Child:			
Parent CRN:			
Address Line 1:			
Address Line 2:		P/Code	
Phone	(H)	(M)	(W)
Email:			
Primary Language:			
Country of Birth:			
Occupation:		Employer:	
Address:			
Employment Status:			

### SECOND PARENT/ GUARDIAN DETAILS

#### Authorised Contact

Surname:		DOB:	
Given Names:		Gender:	Male      Female
Relationship to Child:			
Parent CRN:			
Address Line 1:			
Address Line 2:		P/Code	
Phone:	(H)	(M)	(W)
Email:			
Primary Language:			
Country of Birth:			
Occupation:		Employer:	
Address:			
Employment Status:			

#### Family Status:

Female Sole	Male Sole	Shared Custody	2 Parent Family	Guardian
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#### Reason for Care:

Child at Risk	Work/Study	Disability	Respite	Social
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Do you have any court orders, parenting orders or parenting plans?

**If Yes; attach a copy** 

Yes

No

### EMERGENCY / COLLECTION AUTHORITY

*(If parents are unable to be contacted, the below people will be called)*

#### AUTHORISED NOMINEE PERSON ONE *(Person One is the Authorised Nominee who can nominate an additional person for collection of the child in the event that all listed contacts are unavailable)*

Name:		Relationship to Child:	
Address:			
Phone (Home):		Mobile:	
Medical Authorisation	Delivery/ Collection of Child	Excursion Authority	

#### PERSON TWO:

Name:		Relationship to Child:	
Address:			
Phone (Home):		Mobile:	
Medical Authorisation	Delivery/ Collection of Child	Excursion Authority	

#### PERSON THREE:

Name:		Relationship to Child:	
Address:			
Phone (Home):		Mobile:	
Medical Authorisation	Delivery/ Collection of Child	Excursion Authority	

#### PERSON FOUR:

Name:		Relationship to Child:	
Address:			
Phone (Home):		Mobile:	
Medical Authorisation	Delivery/ Collection of Child	Excursion Authority	

### MEDICAL INFORMATION

Doctor's Name:		Phone:	
Address:			
Dentist's Name:		Phone:	
Address:			

### CHILD'S CURRENT HEALTH

Does your child have allergies? <i>If Yes, please attach details and copy of action plan if applicable</i>	Yes	No
Has your child been diagnosed as; At risk of anaphylaxis? <i>If Yes, please provide copy of action plan</i>	Yes	No
Does your child suffer from Asthma? <i>If yes, please provide copy of action plan</i>	Yes	No
Please provide details about any relevant medical history:		
Current medical treatment? <i>If yes, please provide copy of action plan</i>	Yes	No
Does your child have a Disability that may require additional support? <i>If yes, please provide details and contact Coordinator</i>	Yes	No
Does your child have any Special needs; including cultural, religious, child protection, dietary requirements or other? <i>If yes, please provide details and contact Coordinator</i>	Yes	No
<b>Immunisations/ Birth Certificate:</b>		
Are Immunisations up-to-date?	Yes	No
Proof of immunisation provided:	Yes	No
<b><i>If No, please provide a written statement confirming your child's non-immunised status. In the event that there is a suspected or identified vaccine preventable disease, unimmunised children will be excluded from the service for the recommended minimum exclusion period. Children without complete and/or current immunisation records will be considered unimmunised.</i></b>		
Birth certificate, extract of Birth Certificate or equivalent document provided:	Yes	No

### AUTHORISATION FROM ENROLLING PARENT

#### Medical Authorisation:

In the event of my child contracting an infectious disease, I agree to exclude him/her from the centre for the period of time recommended by my doctor or health professional.

Yes

I give permission for the staff to administer first aid or seek medical advice in the case of an emergency

Yes

Medicare No:

Private Health Fund:

I agree that any medical expenses incurred whilst my child is attending the centre will be my responsibility, including prescription charges and ambulance costs.

Yes

***The centre staff will administer Panadol in the event of an emergency, or as directed by medical staff. The staff will do their best to inform you prior to administering, but in the event that no authorised contacts can be reached, Panadol will be administered.***

#### Other Authorisation:

I give permission to the Educator for my child to be photographed for:

My child' file	Centre display	Newsletters	Promotional	Facebook	Website
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I give permission for my child to have their face painted whilst at the centre:

Yes

No

I give permission for my child to use the centre's sunscreen:

***If No, please provide own sunscreen or a note from your child's doctor requesting that they not wear sunscreen***

Yes

No

I give permission for my child to use the centre's hand sanitiser:

Yes

No

For outings or excursions, parents will be required to sign "Excursion Authorisation" forms

Yes

No

### TERMS AND CONDITIONS OF CARE

1. I have completed the OSHC enrolment form, and consent to the enrolment of my child. I acknowledge having read the centre handbook and fee schedule, I understand any changes to such, will be displayed on the centre's notice board, newsletters or electronic communication.
2. I agree to comply with all Government requirements in relation to the centre and its service.
3. I understand two weeks written notification of cancellations must be given. Failure to do so will result in a cancellation fee being charged which is the equivalent of two weeks FULL FEES, as Child Care Subsidy is only paid for the time a child actually attends the centre.
4. I understand fees are only payable by direct debit two weeks in advance. Fees are payable on public holidays, student free days and any other days when my child is absent from the centre for any reason such as sickness or personal convenience.
5. I understand that in the event of any outstanding fees, I will be referred to the debt collection agency, and I am liable for all costs incurred through this process.
6. I understand that if fees are not paid, my child's continued enrolment at the centre cannot be guaranteed and Child Care Subsidy may be cancelled in line with Family Assistance Law.
7. I agree that in the case of an accident or injury, medical care may be sought and given to my child in the event that I cannot be contacted, and agree to meet any costs involved.
8. I understand my child may be prevented from attending the centre if suffering from a medical condition or infectious illness which may affect the health of other children.
9. I authorise staff to check my child's hair for head lice should they be suspected.
10. I understand the centre staff will refuse to release my child to anyone other than the enrolling parent/guardian or persons nominated and authorised on the enrolment form. Any additional changes to authorised persons will require written authority by the parent/guardian and proof of identity will be required until the person is known to staff.
11. I understand I am required to have an active 'my Gov' account in order to apply for or receive any Child Care Subsidy and maintain my family details as applicable.
12. I understand that it is my responsibility to notify the centre of our Customer Reference Numbers (CRN's) even if I will not be claiming Child Care Subsidy.
13. I understand if I don't provide the centre with our Customer Reference Numbers (CRN's) Child Care Subsidy cannot be claimed. If I do provide the CRN's after care has commenced, the centre can only backdate the attendance by 28 days in line with Family Assistance Law.
14. I acknowledge that the centre policies are available at all times to view. I understand that any changes to these policies will be carried out with consultation to families, staff and management.
15. I give permission for my child to be observed for staff, student or visitor purposes. Students and visitors will be from accredited training programs and will work in conjunction with your child's educators.

## Wanslea Early Learning and Development

### Outside School Hours Care Enrolment Form

16.	I understand in an emergency situation where evacuation is necessary, that my child may need to leave the premises under the direction and supervision of staff.
17.	I understand that I, or the person dropping off or picking up my child am responsible for my child in the car park and surrounding areas of the centre.
18.	I understand that the centre staff are unable to administer any medications (except in case of emergency) to my child unless I have completed a written authority and it has been prescribed by a medical practitioner.
19.	I am aware that should my child have special medical requirements and arrive at a care session without their required medication or other items required to meet their medical needs, my child will not be accepted until their prescription medication or other items are available.
20.	Being a Sun Smart Centre, I understand that my child is required to wear sunscreen on entry or prior to arrival, and to wear sleeves and a broad brimmed / legionnaire hat. Appropriate sun glasses are also welcomed.
21.	I have read this contract, and received relevant information about the service offered by Wanslea Early Learning and Development Inc for the care of  Child's Name: _____ Date: _____
I, as the ENROLLING PARENT/GUARDIAN <b>AGREE</b> to abide by the <b>TERMS AND CONDITIONS OF CARE</b> as set out by Wanslea Early Learning and Development Inc.	
	Yes
I will notify the centre of any changes to this Child Enrolment Record:	
	Yes
ENROLLING PARENT/GUARDIAN SIGN:	

***Please email your completed enrolment form to the applicable OSHC:***

**SAMSON: [samson@wanslea.asn.au](mailto:samson@wanslea.asn.au)**  
**WEYBRIDGE: [weybridge@wanslea.asn.au](mailto:weybridge@wanslea.asn.au)**  
**BEACONSFIELD: [beaconsfield@wanslea.asn.au](mailto:beaconsfield@wanslea.asn.au)**  
**NORTHSHORE: [northshore@wanslea.asn.au](mailto:northshore@wanslea.asn.au)**  
**RIO TINTO: [riotinto@wanslea.asn.au](mailto:riotinto@wanslea.asn.au)**  
**EAST HAMILTON HILL: [easthamiltonhill@wanslea.asn.au](mailto:easthamiltonhill@wanslea.asn.au)**  
**FREMANTLE: [fremantle@wanslea.asn.au](mailto:fremantle@wanslea.asn.au)**

*Alternate formats of this form are available if required. In accordance with the Privacy Amendment (Private Sector) Act 2000 the personal information collected about families will be used in a confidential manner by Wanslea. Clients are able to access their own information. All enquiries should be directed to the Chief Executive Officer on 9245 2441.*