



Office Use Only:
Enrollment Fee: / /
Schedule entered:

16-20 Stuart Avenue
HAMPTON PARK VIC 3976

P.O Box 440
HAMPTON PARK VIC 3976

Email: jocallaghan@hamptonparkch.com.au
Website: www.hamptonparkch.com.au

Phone: 03 9798 0343 - OSH

Auspiced by: Hampton Park Care Group Inc. A 587

ABN 91 334 724 925

Hampton Park Community House Enrolment Form

CHILD DETAILS

Enrolment Date: ___/___/___

CHILDS CRN: _____ FAMILY CRN: _____

CHILDS FAMILY NAME: _____ CHILDS FIRST NAME: _____

NAME CHILD PREFERS TO BE CALLED: _____

DATE OF BIRTH: ___/___/___ AGE: _____ SEX: F / M **(Please circle)**

CHILD RESIDES WITH: Both parents / Mother / Father / Guardian **(please circle)**

CHILD'S COUNTRY OF BIRTH: _____

LANGUAGE SPOKEN AT HOME: _____

SCHOOL: _____ PREP: YES / NO ROOM NO: _____

SCHOOL START DATE : ___/___/___

RELEVANT CULTURAL DETAILS (eg. Food, Activities etc.): _____

What is your Child Care Subsidy %?: _____ % How many hours of care per fortnight: _____

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

Details of the person registered with the Family Assistance Office to claim CCS (as per Assessment Letter) and Family CRN Holder:

Name: _____ DOB: ___/___/___

All of the following information is required under the Education and Care Services National Law and Regulations. Your form will not be processed unless all required fields are duly completed.

MOTHER / GUARDIAN DETAILS

FATHER / GUARDIAN DETAILS

FAMILY NAME: _____ FAMILY NAME: _____

GIVEN NAME: _____ GIVEN NAME: _____

ADDRESS: _____ ADDRESS: _____

PCODE: _____ PCODE _____

PHONE (H): _____ (W): _____ PHONE (H): _____ (W): _____
(M): _____ (M): _____

OCCUPATION: _____ OCCUPATION: _____

DATE OF BIRTH: ___/___/___ DATE OF BIRTH: ___/___/___

COUNTRY OF BIRTH: _____ COUNTRY OF BIRTH: _____

ABORIGINAL / TORRES STRAIT ISLANDER DESCENT? Y / N ABORIGINAL / TORRES STRAIT ISLANDER DESCENT? Y / N

EMAIL ADDRESS FOR ACCOUNTS

AND INFORMATION: _____

CHILDS NAME: _____

COLLECTION & EMERGENCY CONTACTS

In case of an emergency when parents/guardians are not available, please state a reliable contact that could pick up your child and take care of them. In the event that your child is not collected from the Hampton Park Community House Program and you cannot be contacted, this list will also be used to arrange someone to collect the child. (Maximum of 30 minutes distance from service)

Collection contacts are persons other than PARENTS / GUARDIANS authorised to collect child from care

1. NAME: _____ PHONE: (H) _____ (W) _____ (M) _____

ADDRESS: _____ Relationship to child: _____

2. NAME: _____ PHONE: (H) _____ (W) _____ (M) _____

ADDRESS: _____ Relationship to child: _____

3. NAME: _____ PHONE: (H) _____ (W) _____ (M) _____

ADDRESS: _____ Relationship to child: _____

AUTHORISED NOMINEES – (This Section MUST be completed)

Note: 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 the family day care educator. See section 170 (5) of the Law.

- **AUTHORISED NOMINEE – MEDICAL** any person who is authorised to authorise administration of medication, consent to medical treatment of the child from a registered medical practitioner, hospital or ambulance service and approve of transportation of the child by an ambulance service.

- **Authorised Nominees are persons other than PARENTS / GUARDIANS authorised to advise to give permission**

**You may write 'as 1 above' or 'as 2 above' if your child's Emergency Contact is also the Authorised Nominee-Medical.*

NAME: _____ PHONE: (H) _____ (W) _____ (M) _____

ADDRESS: _____ Relationship to child: _____

- **AUTHORISED NOMINEE – EXCURSIONS** any person who is authorised to authorise an educator to take the child outside the education and care service premises.

**You may write 'as 1 above' or 'as 2 above' if your child's Emergency Contact is also the Authorised Nominee - Excursions.*

NAME: _____ PHONE: (H) _____ (W) _____ (M) _____

ADDRESS: _____ Relationship to child: _____

DOCTOR / HEALTH FUND DETAILS

DOCTOR'S NAME: _____ DOCTOR'S PHONE: _____

ADDRESS: _____ P/CODE: _____

PRIVATE HEALTH FUND: _____ MEDICARE NO. : _ _ _ _ / _ _ _ _ / _ _

AMBULANCE SUBSCRIPTION NO.: _____

IMMUNISATION

CHILD'S IMMUNISATION RECORD Has the child been immunised? Yes No

-If YES, please attach a copy of the immunisation record to this enrolment. (**COPY MUST BE HELD**)

(If you have provided a copy of the immunisation in a previous enrollment year, please confirm with an educator that a copy is held on file. If held, a copy will not be required to be supplied with this Enrolment form.)

OFFICE USE ONLY: Is an Immunisation Record held on file YES NO

COURT ORDERS / PARENTING ORDERS / PARENTING PLANS

Please provide details of any court orders, parenting orders or parenting plans relating to powers, duties, responsibilities or authorities of any person in relation to the child or access to the child;

COURT ORDER

DO YOU HAVE ANY COURT ORDERS? Yes No

DO YOU HAVE ANY COURT ORDERS RELATING TO THE CHILD'S RESIDENCE OR THE CHILD'S CONTACT WITH A PARENT OR OTHER PERSON?

Yes No

If yes, please bring in the original court order/s for the staff to see and copy to attach to this enrolment form.

Note: Please be advised that court orders are legally binding and cannot be changed or amended by yourself even if you both agree. We are legally required to follow the court order.

PARENTING ORDER

Parenting Order means a parenting order within the meaning of section 64B(1) of the Family Law Act 1975 of the Commonwealth.

DO YOU HAVE ANY PARENTING ORDERS Yes No

If yes, please bring in the original parenting order/s for the staff to see and copy to attach to this enrolment form.

Note: Please be advised that parenting orders are legally binding and cannot be changed or amended by yourself even if you both agree. We are legally required to follow the parenting order.

PARENTING PLANS

Parenting Plan means a parenting plan within the meaning of section 64C(1) of the Family Law Act 1975 of the Commonwealth, and includes a registered parenting plan within the meaning of Section 63C(6) of that Act.

DO YOU HAVE ANY PARENTING PLANS Yes No

If yes, please bring in the original parenting plan/s for the staff to see and copy to attach to this enrolment form.

Note: Please be advised that parenting plans are legally binding and cannot be changed or amended by yourself even if you both agree. We are legally required to follow the parenting plan.

MEDICAL AND DIETRY INFORMATION

Please read and circle **YES** or **NO** where applicable in the following table.

	Please circle one		Details
	YES	NO	
Allergies (eg Sunscreen, Face paint, Food, other)	YES	NO	<i>If yes, details:</i>
Anaphylaxis	YES	NO	If YES , A Medical Action Plan from your Doctor <u>must</u> be provided.
Does your child have an auto injection device (eg EpiPen)?	YES	NO	**IF YOUR CHILD NEEDS AN EPI-PEN THEN IT NEEDS TO BE WITH THE CHILD AT ALL TIMES**
Asthma	YES	NO	If YES , A current Medical Asthma Plan from your <u>Doctor and Medication (+ spacer if required)</u> <u>must be provided & HELD</u> on the premises at all times.
Behavioral Disorder (Eg. Autism, ADHD, etc)	YES	NO	If YES , please complete 'Additional Medical Information' below detailing Behavioral Disorder.
Diabetes	YES	NO	<i>If yes, details:</i>
Dietary Restrictions	YES	NO	<i>If yes, details:</i>
Medication taken during the day	YES	NO	If YES , please complete 'Additional Medical Information' below.
Other Medical conditions	YES	NO	If YES , please complete 'Additional Medical Information' below.

OFFICE USE ONLY: Is an Asthma Plan or Medical Action Plan Held if required YES NO
 Expiry Date of Plan ___ / ___ / ___
 Has Medication (& spacer if appl.) been supplied by parent/Guardian YES NO
 Expiry Date of Medication ___ / ___ / ___

ADDITIONAL MEDICAL INFORMATION

If you have ticked yes to your child having any medical condition, behavioral disorder, regular medication and/or disability please complete the details below:

All information will be treated with the strictest of confidentiality and will help us to better help you and your child manage their needs in a positive and informative way.

What is the nature of your child's medical condition and/or disability?

CHILDS NAME: _____

- Does your child take any medication for their condition? Will they be required to take any medication while at the Out of School hour's program? Or
- Does your child take any other medication during the day regularly?

Is there any special information that we need to know to manage your child's medical condition?

Does your child have any behavioral issues?

We appreciate the delicate nature of this question but for children that have such diagnoses at ADD, ADHD, Asperger's or Autism understanding this will enable us to better ease your child through any occurrences in the best way possible.

Please detail any possible displays and ways that you have found to cope with them.

Thank you for the information that you have provided us. We will enable to provide the care and sensitivity that your child requires at all times. Please remember that we are here to help and we invite you to contact us at any time should you wish to discuss your child's needs.

PERMISSIONS AND AGREEMENTS

The below section outlines various procedures and policies of Hampton Park Community House. Please ensure you read over these carefully and tick each item to indicate understanding and then sign the last page approving permission for these to occur.

Emergency or Accidents Yes No

In the event of an emergency, illness or accident (when the Centre is unable to contact the Parent / Guardian or the Authorised Contact-Medical), I / We give the Educator at the centre consent to provide medical treatment by a medical practitioner, hospital or ambulance service to the child, or when appropriate, administer such emergency medical treatment as is reasonable necessary for our child. I / we allow transportation of our child by an ambulance service as required. I / We agree to pay any expenses incurred for Medical treatment and Transport.

Permission for Publication Yes No

I / We hereby give consent for our child's photograph, name and age to be used for the room programming, Centre displays and/or publications (e.g. Newsletters). Where this information may be utilised outside of the Centre, further permission will be sought, such as website.

Permission for Observation Yes No

I / We give permission for our child to be observed for Team Member, student or visitor purposes. Students and visitors will be from accredited training programs and will work in conjunction with your child's caregivers. If questioning or testing is to be carried out I / we will be asked for further permission.

Permission for Evacuations Yes No

I / We hereby give permission for our child to participate in regular evacuation drills. I / We understand that our child will be relocated from the Centre under the supervision of their caregivers and centre Team Member to a safety zone for evacuation purposes. (Please refer to the Centre's Evacuation Plans and Procedures for information.)

House Pet Agreement Yes No

I / We hereby agree to the acknowledgment that Hampton Park Community House has child friendly pets.

Head lice Detection Yes No

I/We give permission for my child to be inspected by staff at the Hampton Park Community House for head lice. If live lice are found I accept that my child will be excluded from the program until treatment has commenced.

Sunscreen Application Yes No

I / We agree for the Hampton Park Community House Member to apply 30+ SPF sunscreen regularly to our child for outdoor play purposes. I / We understand that the Community House may use a variety of sunscreen brands from time to time. If my child requires special sunscreen I/we agree to supply this product to the centre.

Transportation Yes No

I/We give permission for my child to travel on the Hampton Park Community House Bus, Commercial Bus, to walk to, or from an excursion or school under the supervision of staff.

Release of Personal Information Consent Yes No

I/We hereby authorise the person in charge of my child at the Hampton Park Community House to share relevant health and welfare information with emergency services, local doctors or case managers. I understand that I can withdraw my consent of the release of this information by notifying the Hampton Park Community House in writing.

ACCOUNT PAYMENT TERMS

VACATION CARE

An account with the 'estimated' Vacation Care fees will be provided prior to your child's attendance of the Vacation Care program for families who attend the Hampton Park Community House Vacation Care program only. Payment is required **NO LATER THAN the FIRST DAY your child attends the Vacation Care program** unless prior arrangement has been made in relation to the payment terms of the fees.

Late Administration Fee of \$10.00 will be charged for all bookings made after the specified Closing Date for each Vacation Care program (Dates to be advised each program).

ACCOUNT PAYMENT TERMS (continued)

- An annual enrolment fee of \$5 per child will be charged and is payable annually.
- A Bond will be required to the total of 4 weeks 'Out of Pocket' expenses for Permanent placement and \$200 for Casual (per child) to be held while care is provided to confirm good account conduct.
- Accounts are issued fortnightly and payment is required strictly within 14 days.
- If you are unable to pay your account on the due date you are required to speak to the OSH Director or OSH Account Administrator in order to come to an arrangement for a repayment plan/date.
- Failing to meet the payment arrangement you will be advised that your child will be suspended from the program until full payment is made.
- If after a further 7 days no payment has been made from suspension date a Debt Collection letter will be sent and the cost of \$12.00 will be added to the account. If still no payment is made within 7 days, the matter will be left in the hands of the Debt Collectors.
- We reserve the right that should an account be sent to a Debt Collection agency, to have all of the agencies fees and charges added to the account for debt collection.
- We reserve the right to refuse placement to parents who continually do not pay their accounts, requiring continuous and excessive follow up by our Administration Staff.
- It is the parent/guardian responsibility to either pick up their account or receive their account via email each fortnight. If an account is required to be posted out it will be at the account holders expense and \$2.00 will be added to the account.
- We reserve the right to charge a \$25 fee for parents who do not inform us that their child is not attending after school care on a given day.
- A late fee of \$20.00 may be charged for children remaining in care after the advertised closing time of 6:30 pm plus \$5.00 per minute after 6:45 pm. Payment of this fee will be put on the following invoice.
- An Early Pick Up fee of \$5.00 per child will be charged when a child's school finishes at a time earlier than their regular closing time, *ie. End of term closing at 2:30pm in view of higher staffing costs.*
- Two weeks' notice will be required for cancellation of a permanent attendance schedule for each child.

By signing this form I/we declare and confirm:

- I / We are lawfully authorised in relation to the Child referred to in this Enrolment Form;
- All information provided in this Enrolment Form is true and correct and undertake to immediately inform the OSH service in the event of any change to this information;
- Accept full responsibility of my child's belongings whilst attending the service;
- Undertake to inform staff of any absence of my child from the service;
- Agree to collect or make arrangement for the collection of the child referred to in this enrolment form if he/she becomes unwell at the service;
- I/we have read, fully understand and agree to comply with all of the **Permissions and Agreements** detailed in this Enrolment Form and any other policies and procedures advised by the centre either directly or by making them available for perusal at the Centre; and
- I/we hereby acknowledge and accept the above **Account Payment Terms**.

*This form **MUST** be signed only by the Family CRN holder as per details provided on page 1*

Primary Parent/Guardian Full Name: _____

(Please print full name)

Primary Parent/Guardian Signature: _____

(This must be signed by the Family CRN holder)

(Signature)

Date: ____ / ____ / ____

OUT OF SCHOOL CARE PROGRAM - Enrolment Form

ATTENDANCE FORMS:

COMMENCEMENT DATE OF CARE: / /

FIRST NAME: _____ CHILDS FAMILY NAME: _____

SCHOOL: _____ GRADE: _____

DAY	BEFORE SCHOOL	AFTER SCHOOL	CASUAL (Before or After)	VACATION CARE
MONDAY				Vacation Care Programs are emailed out prior to the Booking in Day.
TUESDAY				
WEDNESDAY				
THURSDAY				
FRIDAY				

** Should you require an alternate week schedule for your child, please ask staff for an 'Alternate Attendance Form' to complete.

THE ABOVE DAYS MARKED FOR YOUR CHILD TO ATTEND ARE THE DAYS YOU WILL BE CHARGED FOR PLUS ANY EXTRA

Parents are asked to inform the program of any changes to the designated days your child attends and complete a new Attendance Form as necessary.

If your child is not attending please ring **Out of School Hours on 9798 0343** and leave a message. A \$25 charge may be charged for non-advise of a child attending the program on a booked day.

Allowable absences apply – you will be charged for the days booked for permanent care.

If your child attends on a casual basis then you must book for the day/s you require if there is a place available.