



**Glossodia Out Of School Hours Care**  
162 Golden Valley Drive, Glossodia NSW 2756  
PHONE : 0467572165 / 0484289331  
EMAIL : glossodiaoosh@ihug.com.au



## GLOSSODIA OOSH ENROLMENT FORM 2022

All information contained in this enrolment form is regarded as confidential and shall only be viewed by primary contact staff.

Please read each section carefully before completing and signing. A separate form must be filled out for each child you are enrolling.

### SECTION 1: CHILD'S DETAILS

Child's Full Name: \_\_\_\_\_

Sex: Male  Female  Child's CRN: \_\_\_\_\_

Address of child: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Country of birth: \_\_\_\_\_

Child's Nationality: \_\_\_\_\_

Language/s spoken by child: \_\_\_\_\_

Families' religion: \_\_\_\_\_

Days you wish your child to attend the service (Please circle)

**Before School care:** Monday Tuesday Wednesday Thursday Friday

**After School care:** Monday Tuesday Wednesday Thursday Friday

Child's expected start date at the service: \_\_\_\_/\_\_\_\_/\_\_\_\_

### SECTION 2: PARENT / GUARDIAN DETAILS

Parent / Guardian 1 Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Mobile No. \_\_\_\_\_

Are you an Australian resident: YES  NO

Are you of Torres Strait Island or Aboriginal origin: YES  NO

Country of Birth: \_\_\_\_\_

Language/s Spoken at Home: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Employment Status: Full-time  Part-time  Casual  Not currently working

Email Address: \_\_\_\_\_

CRN: \_\_\_\_\_



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**Parent / Guardian / Partner 2 Name:** \_\_\_\_\_  
 Relationship to Child: \_\_\_\_\_  
 Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Home Phone Number: \_\_\_\_\_ Mobile No: \_\_\_\_\_  
 Are you an Australian Resident: YES  NO   
 Are you of Torres Strait Island or Aboriginal Origin: YES  NO   
 Country of Birth: \_\_\_\_\_  
 Language/s Spoken at Home: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Work Address: \_\_\_\_\_  
 Work Phone Number: \_\_\_\_\_  
 Employment Status: Full-time  Part-time  Casual  Not currently working   
 Email Address: \_\_\_\_\_  
 CRN: \_\_\_\_\_

**SECTION 3: CHILD CARE BENEFIT**

Will you be claiming Child Care Benefit? YES  NO  If **YES** please provide details below.  
 Name of Person Claiming: \_\_\_\_\_  
 Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
 \_\_\_\_\_

For Child Care Benefit purposes, it is important to advise the service if you use any other service simultaneously.

**SECTION 4: CUSTODY INFORMATION**

Are there any Court Orders, Parenting Orders or Parenting Plans in relation to your child, or Access to your child? YES  NO  If **YES** please provide details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**NOTE:** The service cannot enforce custody issues without a copy of the relevant Court Order being provided. Please discuss any custody issues with the Nominated Supervisor before enrolment.



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**SECTION 5: EMERGENCY CONTACTS**

I hereby authorize the staff of the service to contact the following people, if I cannot be contacted, in the case of an emergency. *Please supply at least 2 names, other than the child's parents/guardians.*

NAME	ADDRESS	MOBILE	WORK PHONE	RELATIONSHIP TO CHILD

**NOTE:** *It is important that you inform the above people that you have added them to the emergency contact list and that they may be contacted in the case of an emergency either with your child or the service. They may also be asked to collect your child when you cannot be contacted.*

**Authority to collect your child from the service**

I hereby authorize the service staff to allow the following people to collect my child.

NAME	ADDRESS	MOBILE	WORK PHONE	RELATIONSHIP TO CHILD

**NOTE:** *It is important that you inform the above people that they may be asked to show identification on their first few visits until staff become aware of whom they are. Only those people to whom you have given authority will be permitted to collect your child from the service.*

**SECTION 6: MEDICAL INFORMATION**

Family Doctor's Name: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_

Does your child have any allergies (including asthma or anaphylaxis)? YES  NO   
 If **YES** please provide details, including a copy of a medical management plan (required for asthma and anaphylaxis) or risk minimization plan prepared by the child's doctor (if applicable): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



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**Medical Information cont.**

Does your child require regular medication? YES  NO

If **YES** please provide details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Is your family a member of a Private Health Fund? YES  NO

Name of Private Health Fund: \_\_\_\_\_  
 Private Health Fund number: \_\_\_\_\_

**NOTE:** Medication will only be administered in accordance with the Service’s Medication Policy that you be will be provided with.

Family Medicare number: \_\_\_\_\_

**Immunisation**

Has your child received the necessary immunisation for their age? YES  NO

If **YES** please supply a copy of the child’s Immunisation History Statement with this enrolment form.  
 If **NO** please complete an Immunisation Exemption Conscientious Objection form available from Medicare.

**Medical Conditions/Additional Needs**

Does your child have a medical condition or require additional assistance to meet their needs?

YES  NO

If **YES** please provide details of the condition/needs they require assistance with: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SECTION 7: INDIVIDUAL INFORMATION**

*This information assists staff in the daily care and education of your child.*

Does your child have any dietary requirements other than allergies? YES  NO

If **YES** please provide details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Is there anything else our staff should know about your child? (E.g. Cultural or Religious requests, interests, dislikes, fears etc.) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**NOTE:** Staff will also talk individually to your child about their interests on a regular basis and incorporate these into the program and experiences on offer.



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## **SECTION 8: AUTHORISATION AND APPROVAL (PERMISSION)**

**NOTE:** *Please read this section carefully. If you do not give your permission for any of the following, please cross it out and initial.*

### **1. PERMISSION TO SEEK MEDICAL ASSISTANCE IN AN EMERGENCY.**

That in the case of accident or other emergency resulting in the need for immediate medical attention, I hereby give permission for the staff to take my child to a doctor or hospital to seek the following urgent treatments:

- Medical
- Dental
- Hospital
- Ambulance Service and transportation of the child by Ambulance.

### **2. PERMISSION TO CARRY OUT APPROPRIATE FIRST AID TREATMENT IN AN EMERGENCY.**

That in the case of accident or other emergency resulting in the need for immediate medical attention, I hereby give permission for the service to carry out appropriate first aid treatments.

### **3. PERMISSION FOR STAFF TO GIVE MEDICINE IN CASE OF EMERGENCY.**

I hereby authorise the staff to administer an age/weight appropriate dose of a fever reducing agent to my child, should he/she have a fever, while awaiting my arrival to seek medical treatment.

### **4. PERMISSION FOR STAFF TO WALK CHILDREN TO AND FROM SCHOOL.**

I hereby authorise the staff to walk my child from OOSH to school in the morning and collect my child from school in the afternoon and walk them to OOSH.

### **5. PERMISSION FOR THE APPLICATION OF SUNSCREEN**

I hereby give permission for staff to apply sunscreen to my child before outdoor play activities.

### **6. PERMISSION FOR PHOTOGRAPHS/VIDEOS TO BE TAKEN**

I hereby consent to my child being photographed/videoed while they are at the service or on an excursion.

**NOTE:** *There are a number of reasons the service takes photographs/videos of the children, including:*

- *Providing visual documentation for families to see what their child does throughout the day*
- *To assist with evaluations of the program*
- *To use as part of promotion and publicity for the service*



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## 7. NOTIFICATION OF ARRIVAL AND DEPARTURE OF CHILDREN AT THE SERVICE

I agree to have my child signed in and out on the appropriate documentation on arrival and departure each day they attend the service.

## 8. CHILD ABSENCE

I agree to notify the service if my child is absent on a day that they are booked in and I will sign the appropriate documentation when my child returns from an absence.

**NOTE:** *If your child is absent from the service a medical certificate must be provided to explain absences. The service needs to record the amount of allowable and approved absences your child is entitled under Child Care Benefit legislation.*

## SECTION 9: PAYMENT OF FEES

**A \$60 Bond per family must be paid before your child can attend the service and a termly \$35 craft/administration fee will be charged per family.**

### 1. NOTICE OF DISCONTINUATION OF ATTENDANCE

When you wish to discontinue and terminate your child care place at the service you are required to provide two (2) weeks written notice to the Coordinator/Nominated Supervisor or you are liable to pay the equivalent of two weeks child care fees to the service.

### 2. ABSENCES FROM THE CHILD CARE CENTRE

Fees are payable for family holidays and sick periods if those days fall on a day that your child is booked into the service.

### 3. SERVICE CLOSURE

No fee is charged while the service is closed over the Christmas period.

### 4. LATE FEE

Should children be present after the 6.00pm closing time, a late fee of \$10.00 per 5 minutes will apply.

### 5. PAYMENT OF FEES

As per the service's Parent Handbook, fees are invoiced weekly and payment is required within seven (7) days of invoicing. Weekly fees are payable to the service by Direct Deposit. I understand that fees must be paid once invoiced within the stated time period, that my child's place at the service may be terminated if fees are not up to date, and that I may be liable for any additional costs incurred in recovery of outstanding fees.

### 6. COSTS OF DEBT RECOVERY

I (The Client) (The Parent/Carer) expressly agree that I am liable for any Recovery costs including administrative fees, debt recovery fees, Solicitor Fees and disbursements incurred by Glossodia OOSH as a result of my failure to pay the fees and charges for the service provided within the strict terms of payment specified in this agreement. I accept that I may also be charged an additional fee for interest at the statutory rate recoverable in the appropriate Court at the time prevailing,



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however I am aware that costs incurred through Court action against me will be limited to the fees recoverable under the State Legislation for legal cost recovery.

## **SECTION 10: DISCLAIMER/INFORMED CONSENT**

I hereby acknowledge that:

- I have read and understand the service's procedures, conditions and policies contained in this enrolment record and policy manual, which forms part of this agreement (and which may be changed by notice from time to time by the service at its sole discretion) (Policies & Procedures).
- The Policies and Procedures incorporate any relevant statutory obligations imposed on the service and have been put in place to protect my child/children.
- I must strictly comply with the Policies and Procedures at all times.
- The information provided in this enrolment record is to the best of my knowledge correct.
- I will inform the service immediately in writing if there are any changes to the information provided by me in this enrolment record (Notice of Change).
- When caring for my child/children the service will rely on the information provided by me in this enrolment record, in any Notice of Change and any other instructions/information (of any nature whatsoever) I give to the service (Information).
- I am totally responsible for the accuracy of the Information and my compliance with the Policies & Procedures.
- I am totally responsible for the suitability and actions of any person/persons whom I authorise to visit, deliver, and or collect my child/children to/from the service or any other place (Other Person/s).
- I must first inform any Other Person/s about the Policies & Procedures and that they must strictly comply with them.
- Subject to any applicable Australian Consumer Law, the Sales of Goods Act 1923 (NSW) or any other applicable law which cannot be excluded I/we will indemnify the service, its employees or any of its authorised person/s from any loss, damage, claim, cost or expense of any nature whatsoever incurred by my child/children, by me or any third party in connection with any act or omission by me and or us and or Other Person/s failing to comply with any Policies & Procedures and or due to the inaccuracy of the Information and or the acts or omissions of the Other Persons.



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### SECTION 11: MEMBERSHIP

The Glossodia OOSH operates within the Glossodia Community Centre, an Incorporated Association. As such, the Management Committee strongly encourages, and will warmly welcome, OOSH parents to become members of the Centre.

Costs for this - \$4 Joining Fee and an annual membership fee of \$4

For further information about membership contact the Secretary, Renee Blefari,  
glossodiacinci@hotmail.com

The person nominated for member representation is: \_\_\_\_\_

### SECTION 12: PERMISSION

As parent/guardian, in the event of accident or emergency, I authorise the staff of the Centre to initiate the necessary action, which may include transport by private vehicle or ambulance.

Yes ( ) No ( )

I give permission for my child/children to be photographed/videoed while attending the Centre and its activities.

Yes ( ) No ( ).

I give permission for Photographs to be displayed in Centre.

Yes ( ) No ( )

Photographs/videos may be used for publicity E.g. printed in newspapers or newsletters or shown for promotional purposes.

Yes ( ) No ( )

I give permission for sunscreen to be applied to my child as per the service's Sun Protection policy

Yes ( ) No ( )

I give permission for my child to watch G or PG rated movies.

Yes ( ) No ( )

I am prepared to accept the conditions of enrolment as determined by the OOSH sub committee and the association.

Do you have any children in other child care facilities? Yes ( ) No ( )

If yes how many? \_\_\_\_\_

Signed: \_\_\_\_\_ Date \_\_\_\_\_

Parent /guardian





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### **SECTION 13: DECLARATION**

I hereby declare, that to the best of my knowledge, the information provided in this enrolment form is true and accurate.

**Parent and/or Guardian's Full Name (please print):**

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Conditions of Enrolment**

1. The Centre will be open between 7–9am for Before School Care and 3.30-6.00pm for After school Care.  
All children must be picked up by 6.00pm or a late fee will be charged. Continued lateness may result in the cancellation of enrolment.
2. All children attending the Centre must have completed an enrolment form containing all relevant information, signed by a legal guardian.
3. Children will only be released from the Centre to authorised persons. Staff reserves the right to deny the release of children to unauthorised persons not listed on the enrolment forms.
4. Children will be released into the care of unauthorised persons as indicated by parents or guardians by the way of a voice call, but must also have photographic I.D.
5. Management reserves the right (after consultation as per the discipline policy) to cancel a child's placement if their behaviour is deemed unacceptable.
6. Fees should be paid as per the Fee Schedules/Policies. If there are any problems with payments please see the OOSH Coordinator.
7. Staff must be notified of all absences. Absences must be paid for and unexplained absences for a period of three weeks may result in the loss of placement.
8. Children will not be allowed to go to the shops, before or after. Children will not be permitted to give money to children outside of the service to purchase things from the shop on their behalf.
9. All children must have a signed permission note to attend excursions.
10. Staff reserves the right to refuse a child who is ill or has a contagious disease.
11. Staff will walk children to Glossodia Public School at 9am in the mornings and walk them from the school to the centre at 3.30pm.
12. Staff will be responsible for collecting children from Glossodia Public School only. No responsibility will be taken for children attending other schools until they meet the Staff at the Glossodia School meeting place.

Landline: (02) 45766421

Internet Banking: Glossodia OOSH . BSB: 633-000 .

Email: [glossodiaoosh@ihug.com.au](mailto:glossodiaoosh@ihug.com.au)

Account Number: 145910626



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13. The Centre reserves the right to forward any relevant details contained in the enrolment form to a collection agency or the local court, if accounts are in default after all policies concerning fee collection have been followed.

PLEASE READ THE ABOVE CONDITIONS AND THE POLICIES CONTAINED IN THE OOSH KIT CAREFULLY and sign below in the presence of a Staff or Management Member.

I \_\_\_\_\_ have read and understood the conditions and policies of Glossodia Out Of School Hours Care Service and agree to abide by them.

Signed \_\_\_\_\_

Date \_\_\_\_\_

Signed in the presence of: \_\_\_\_\_ (Staff Member)

Staff Signature: \_\_\_\_\_