



Out of School Hours Care

Child Details

Education and Care Services National Regulations - Regulation 160 (3a, e)

Given Name(s):			
Middle Name:		Surname:	
Name Usually Called:			
Date of Birth:		Sex (Please circle):	Male / Female
Centrelink Reference Number (CRN) <i>Please note: Parent and child have their own individual CRN number</i>			
Child's home address:			
Child lives with:			

Primary School attending:	
Child's Year Level & Teacher:	

Child Profile

Children's interests	
Any other information you would like to share.	
Please provide us with any other information we should know about your child including strengths <i>(For example, additional learning and support needs, information about the child's wellbeing, physical comfort or personal needs, favourite activities, fears, special words (please translate if applicable), toileting practices etc.)</i>	
Please provide your goals of what you would like for your child to gain from their time with us	

Family Information

Does the child have any siblings? If so, please provide their names and ages.	
Please give a brief description of your family and its dynamics.	
Does your family have any talents or skills can contribute to the service?	
Does any of you family members (with in your household) have a disability? (Please Circle)	Yes/No (If yes please specify including agency's that are involved)
Please list your family values. Have you any feedback regarding our philosophy?	

Primary Guardian

Education and Care Services National Regulations - Regulation 160 (3b)

Guardian Full Name:			
Address:			
Phone Number/s:	(H)		(M)
Guardian Date of Birth:			
Email address:			
Relationship to child:			
Centrelink Reference Number (CRN):			
Please provide any relevant cultural background details including country of birth:			
Occupation:		Phone Number:	
Place of employment:		Hours of work:	
Signature:			

Secondary Guardian

Guardian Full Name:			
Address:			
Phone Number/s:	(H)		(M)
Guardian Date of Birth:			
Email address:			
Relationship to child:			
Centrelink Reference Number (CRN):			
Please provide any relevant cultural background details including country of birth:			
Occupation:		Phone Number:	
Place of employment:		Hours of work:	
Signature:			

Court Order

Education and Care Services National Regulations - Regulation 160 (3c, d)

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?	Yes/No If yes, please provide all relevant documentation and paperwork	Attached
Are there any other court orders relating to the child's residence or the child's contact with a parent or other person?	Yes/No If yes, please provide all relevant documentation and paperwork	Attached
Please provide a brief outline court order requirements		

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

Emergency Contact

Education and Care Services National Regulations - Regulation 160 (3b, ii, iii, iv, v) 161 (1a, i, ii, 1b)

There may be times or situations where your child has had an accident, injury, trauma or illness and Guardian/s cannot be reached or are unable to collect their child. To deal with these situations and in case of an emergency the Service will require the persons listed below to collect and care for the child. This person must live within an hour from the Service and must provide identification when collecting the child. (Please obtain the persons consent before listing them as an emergency contact).

I give this person to

- give consent for medical treatment or to authorise for a Nominated Supervisor or educator to administer medication to the child in the event that you cannot be contacted?
- Be contacted to give consent for educators to take the child outside the Service’s premises in the event that you cannot be contacted?

Signing below is a declaration you agree to the statement above.

Guardian (1) Signature:			
Guardian (2) Signature:			
Emergency Contact (1)			
Full Name:			
Relationship to child:			
Address:			
Phone Number:	(H)	(M)	(W)
Place of Work & Availability:			
Emergency Contact (2)			
Full Name:			
Relationship to child:			
Address:			
Phone Number:	(H)	(M)	(W)
Place of Work & Availability:			
Emergency Contact (3)			
Full Name:			
Relationship to child:			
Address:			
Phone Number:	(H)	(M)	(W)
Place of Work & Availability:			
Emergency Contact (4)			
Full Name:			
Relationship to child:			
Address:			
Phone Number:	(H)	(M)	(W)
Place of Work & Availability:			

Medical Information

Education and Care Services National Regulations - Regulation 160 (3a, l, j)

Medicare Number:			
Medicare Expiry Date:		Number of child on card:	

Child's Registered Medical Practitioner or Service Details:

Service Name:	
Practitioner's Name:	
Contact Numbers:	
Address:	

<p>Does the child have any specific health care needs or conditions, including allergies or anaphylaxis?</p> <p><i>Yes / No</i> <i>(Please Circle)</i></p>	<p>If yes, please provide a medical management plan, which the child's medical practitioner has prepared.</p> <p>The Plan should include:</p> <ul style="list-style-type: none"> <input type="checkbox"/> A photo of the child <input type="checkbox"/> If relevant, state what triggers the medical condition, allergy or anaphylaxis <input type="checkbox"/> First aid needed <input type="checkbox"/> Contact details of the doctor who signed the plan <input type="checkbox"/> When the Plan should be reviewed.
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Please be advised that if the Child is diagnosed with asthma or anaphylaxis and an emergency occurs, the Nominated Supervisor or other educators may administer emergency first aid without making contact. Educators will notify the child's parents and/or emergency services as soon as possible.

Education and Care Services National Regulations - Regulation 94.

Guardian (1) Signature		
Does the child have any dietary restrictions? <i>(Please Circle)</i>	Yes / No <i>(If yes, please see Director)</i>	Attached

The child's health record has been sighted by: _____ Position: _____

Cultural Consideration

Education and Care Services National Regulations - Regulation 160 (f, g, h)

Language spoken at home:	
Ethnicity:	
Religion:	
Is the Child of Aboriginal or Torres Strait Islander Descent?	Yes / No
Please outline any cultural practices you would like followed:	
Please outline the Child's religious background and if relevant any religious practices or celebrations you would like followed:	

Enrolment Agreement

PLEASE READ THE FOLLOWING AGREEMENT CAREFULLY BEFORE SIGNING. PLEASE ASK IF THERE IS ANYTHING IN THIS DOCUMENT THAT YOU ARE UNSURE OF.

Written Arrangements:

A Service and Guardian must agree up-front on the arrangements for the care of a child. Arrangements must be recorded and kept up to date to ensure compliance.

Complying Written Arrangement	CWA	A CWA is an enrolment type used for families wishing to claim CCS now or in the future
Relevant Arrangement	RA	An RA is an enrolment type used for families not wishing to claim CCS
Additional Child Care Subsidy	ACCS	ACCS is used when a child care provider identifies that a child is at risk of serious abuse or neglect but there is no individual identifies to pay the child care fees
Arrangement with an organisation	Arrangement with an organisation is liable for the fees for the care of the child	

This Written Arrangement between _____ and FUN-A-RAMA _____ is an ongoing agreement between the ECEC Service provider and the Guardian, to provide care in return for fees. The Written Arrangement must contain a minimum amount of information set out in subsection 200B(3) of the Family Assistance Administration Act. *Fees are available in the foyer of our service and parties are aware fees may change from time to time.*

Arrangement Type:	CWA	RA	ACCS	Arrangement with organisation	
Name of Service:	FUN-A-RAMA _____				
Parent/Guardian Full Name:					
Parent CRN:					
Date the arrangement was entered:					
Full Name of Child attending care:					
Child's Date of Birth:					
Child CRN:					
Expected Before School Sessions:	Mon	Tues	Wed	Thurs	Fri
If fortnightly start date:	Mon	Tues	Wed	Thurs	Fri
Expected After School Sessions:	Mon	Tues	Wed	Thurs	Fri
If fortnightly start date:	Mon	Tues	Wed	Thurs	Fri
Care Arrangement:	Routine Care		Casual Care		Vacation Casual Care
Fees to be charged to the individual for the sessions of care provided	Before School Care Normal Fee \$28 Casual Fee \$30		After School Care Normal Fee \$38 Casual Fee \$40		Vacation Care Full Day Fee \$85

We agree to comply with all Government requirements in relation to the Centre and its aware that it is my responsibility to ensure all current assessments for Child Care Subsidy (CCS) purposes. I understand that to access Child Care Subsidy we need to meet current Child Care Subsidy requirements such as confirming the service and other information on My Gov along with signing the Complying Written Agreement provided the service.

Guardian Signature: _____ Name: _____ Date: ___ / ___ / _____

Please tick the following items to authorise:

Health & Safety:

Have SPF30+ sunscreen applied prior to sun exposure (If not, please let us know and do so before they attend)	YES	NO
Have Band-Aids, sticking plasters, antiseptic cream/spray applied when necessary	YES	NO
Use hand sanitiser for hygiene purposes	YES	NO
Have staff apply Insect Repellent (supplied by parents)	YES	NO

Permissions:

For my child to be transported on the centre's bus (or vehicles of staff at FUN-A-RAM)	YES	NO
For my child to be observed by educators and students for curriculum purposes, this may include photos taken, and displayed within the service.	YES	NO
For photos and video of my child to be used on Service social media sites.	YES	NO
For my child to participate in all activities offered in the program. I agree it is my responsibility to familiarise myself with the curriculum and to advise the centre in writing if I do not wish my child/ren to participate in a particular activity.	YES	NO
For my child to watch PG rated movies/TV shows at Fun-A-RAMA or on excursions.	YES	NO
For my child to use the oval, play ground and other licensed areas of the school when supervised by an educator.	YES	YES
For my child's photo, to be taken and printed out of the service.	YES	NO

Please tick box to confirm you have read each point:

- I agree to inform the Service in writing immediately of any changes to the above information.
- If I am unable to collect my child by closing time I will organise for one of the people listed as authorised contacts to collect my child prior to closing time. I am aware that if my child has not been collected by closing time, and if I am unable to be contacted, those persons nominated as authorised contacts will be called by Service staff to collect my child.
- I agree to pay a late fee of **\$2 per minute per child for the first 5 minutes thereafter \$5 per minute per child**. In the event that a child is left at the Service for over an hour after closing and Service staff have been unable to contact anyone to collect the child, we will notify The Department of Family and Community Services and may be required to take the child to the local Police Station to await your arrival. A note will be left detailing the child's whereabouts.
- I am aware that there is a one off \$30 booking fee that must be paid upon enrolment.
- I agree to giving one weeks written notice to withdraw my child or reduce booked days.
 - a) I am aware that fees for public holidays are payable if the day is a usual day of attendance or swapped (using the app) to an available day within that week.
 - b) I am aware that fees are payable for days where allowable absences are taken.
 - c) I am aware that a child/ren cannot finish care at the service on an absent day of the full-service fee will be charged
 - d) I have read the Family Handbook and are aware of any closures during the year
- We understand that a \$10 notification fee will be applied if I fail to notify FUN-A-RAMA of and absences before 2.30pm that day.
- I am aware that my enrolment form may be printed at our main World of Kids FUN-A-RAMA office and transported to my service.

- I give permission for prescribed medication to be administered by Service primary contact staff upon my authorisation on the Service's medication form. I understand that if details are filled in incorrectly or left blank or if the medication does not meet the standards of the Service's policy the medication will not be given. I agree to inform the staff both verbally and in writing of the need for medication for my child. I understand that non-prescription medication will not be given by staff unless it is accompanied by a current (within 6 months) dated Doctors letter stating reasons for the medication and only then if the Director deems the child well enough to attend Service.
- I have read the Parent Handbook and am familiar with the Service's Policies and Procedures located in the foyer on the tablet. I agree to follow, support and abide by these Policies and am aware that staff members are available to discuss with me any policies that I do not fully understand. Any changes made will be displayed in the foyer or through other notice.
- We are aware that the child will be excluded from care at the service if he/she has contracted a contagious disease or condition. We understand that the child will be accepted back into the service upon provision of a 'clearance certificate' for the child from a medical practitioner.
- I agree to provide all relevant information regarding the health of the child and any other information required by the service and agree that this information may be displayed for view at the service.
- I agree FUN-A-RAMA will not take any responsibility for any damage and/or loss of property.
- I am aware that if we fail to provide information correctly as required by the service, the service will be able to terminate services forthwith.
- I understand that 3 year olds in 4 year old kindy **can not attend vacation care excursions**.
- I understand that to ensure correct educator to child ratios I may be required to collect my child (in accordance with the Priority of Access Guide) in the event of an emergency/staff illness etc. to ensure correct supervision.
- I understand that FUN-A-RAMA must follow the Priority of Access Guidelines, this may require you to alter your days or give up your place at the centre in order to provide a place for a higher priority child. Priorities are as follows
1. A child at risk of serious abuse or neglect
 2. A child of a single parent who satisfies, or of parents who both satisfy, the work, training, study test.
 3. Any other child
- I agree to pay the weekly fee on the due day as determined by the service's payment policy requirement or as agreed to by the service. I understand that my child's position at the Service will be in jeopardy if my fees are not kept up-to-date. I understand that all booked days are paid for even when my child is absent due to sickness or on holidays.
- I am aware that our fees are deducted through the Debitsuccess system from our nominated bank account or credit card on a fortnightly basis as chosen by the enrolling parent/guardian.
- I understand that if fees are debited from a credit card Debitsuccess will charge an additional fee calculated at 2.35% of the amount per transaction, and AMEX/Diners is 4.4% of the amount per transaction. All other Debitsuccess administration fees will be covered by the service.
- I acknowledge that if a direct debit is returned unpaid, a failed payment fee is payable by the enrolling guardian to Debitsuccess for each failed transaction. The usual failed payment fee is \$14.90. In some circumstances, a fee up to \$25.00 may be applied. If funds remain insufficient this may result in cancellation of care at the Centre's option. We are aware that fees need to be adjusted from time to time with due notice given to families.
- I agree that in the case of accident or injury, the service will attempt to contact us and, where we cannot be contacted, medical care may be sought and given to the child, and we agree to meet any expenses incurred. The medical care sought may include the calling of an ambulance and we agree to meet the expense of an ambulance. In the case of an emergency, as determined by the educators at the service, we authorise the service to contact an ambulance and send the child to hospital.
- I am aware that my child may need to wear an 'Alert Vest' if they have a medical condition or additional needs to support the care for children.
- We are aware that there may occasionally be visitors to the service. We consent to our child being in the presence of visitors or volunteers, with the service's appropriate supervision by qualified/experienced educators.

- I am aware that if the child has not been immunised against measles, or in the absence of proof of an earlier outbreak of measles. We understand that the child will be accepted for further care by the centre after receipt of medical advice that the infectious period has passed.
- We recognise that FUN-A-RAMA will reserve the right to remove a child from the program for any action by the child that may detract or hinder the program. This will include any threatening action, inappropriate language and/or any behaviour deemed disruptive by the Approved Provider, Nominated Supervisor or FUN-A-RAMA Area Manager.
- The service reserves the right to terminate this Agreement when, in its discretion, it considers that to do so would be in the interest of the service. It agrees to give the parent reasonable notice of its intention to exercise this right and will refund any payments in credit.

Guardian Signature: _____ Name: _____ Date: ___ / ___ / ____

HOW DID YOU HEAR ABOUT US?

Word of Mouth		Internet Search	
Advertisement		Social Media	
Website		Other: _____	

Privacy Disclaimer

We acknowledge and respect the privacy of its clients. The enrolment information that is collected assists us to meet our legislative obligations and to provide the best level of education and care for your child. By completing this form, you have consented to this information being collected. The information will be used by educators/staff members and relevant government authorities. You have the right to access and alter personal information concerning yourself or your child in accordance with the Privacy Act 1988 and our Privacy and Confidentiality Policy.

OFFICE USE ONLY			
Child's birth certificate		Immunisation record	
Child Care Subsidy Confirmation		Medical documents (if required)	
Arrangement Form completed & signed		Direct debit form complete	
Start date			
Entered By			