

ENROLMENT FORM 2016



Insert the name of the school your child attends _____

Insert the name of the OSHC program your child will attend _____

A parent or guardian or person with parental responsibility who has lawful authority in relation to the child must complete this form. A brief explanation of lawful authority is found at the end of this form. Licensed children's services may use this form to collect the child's enrolment information as required in regulations 31 to 35.

Child Family Name: _____ Child Date of Birth: ____/____/____ Sex: M F

Child Given Names: _____ Usually Called: _____

Home Address: _____ Suburb: _____ State: _____ Postcode: _____

Postal Address: _____ Suburb: _____ State: _____ Postcode: _____
(If different from home address)

Languages(s) spoken in the home: _____ Primary language spoken: _____

Child's Cultural Background: _____

Is the child of Aboriginal and/or Torres Strait Islander origin? (Please tick)

No, not Aboriginal or Torres Strait Islander Yes, Aboriginal Yes, Torres Strait Islander

Information about the child's known Parent/Guardian/Person with Parental Responsibility

Mother/Guardian/Person with Parental Responsibility <i>(if the mother is not involved in the family, but known, you must still provide the mother's name or tick unknown)</i> Unknown <input type="checkbox"/>	Father/Guardian/Person with Parental Responsibility <i>(if the father is not involved in the family, but known, you must still provide the father's name or tick unknown)</i> Unknown <input type="checkbox"/>
Full Name: _____ D.O.B ____/____/____	Full Name: _____ D.O.B ____/____/____
Telephone/s (H) _____ (W) _____ (M) _____	Telephone/s (H) _____ (W) _____ (M) _____
Address (if different from child): _____ Postcode: _____	Address (if different from child): _____ Postcode: _____
Email address: _____ (must provide)	Email address: _____ (must provide)
Occupation: _____	Occupation: _____
Cultural Background: _____	Cultural Background: _____

Does the child live with - Mother ONLY Father ONLY Both other: _____

Emergency Contacts

Details of person/s (authorised nominee/s) who have consent to authorise collection, administration of medication, medical treatment, notify and care for your child and who can authorise an educator to take the child outside the education and care service premises and seek ambulance service. There may be times when your child may need to be collected, delivered or may have an accident, injury, trauma, requires medication administered, medical treatment or falls ill and the parents or guardians or persons with parental responsibilities cannot be contacted. To deal with these situations the children's service should notify one of the following people who are authorised and who can provide consent.

(Must provide two persons other than the Parent/Guardian/Person with Parental Responsibility, maximum of 30 minutes from the service)

Full Name: _____	Full Name: _____
Telephone/s (H) _____ (W) _____ (M) _____	Telephone/s (H) _____ (W) _____ (M) _____
Address _____ Postcode: _____	Address _____ Postcode: _____
Relationship to child: _____	Relationship to child: _____

If you are unable to provide details of two persons (authorised nominees) you need to sign the following authorisation

I (full name): _____ do not have additional contact details of persons (authorised nominees) in an event where After The Bell Aus cannot contact the Parent/Guardian/Person with Parental Responsibility. After The Bell Aus will adhere to Company policies and procedures (late pick up policy) if a situation is to arise if the Parent/Guardian/Person with Parental Responsibility cannot be contactable/reached.

Signature: _____ Dated: ____/____/____

Court orders relating to the child

Are there any court orders relating to the powers, duties, responsibilities or authorities of any person in relation to the child or who have access to the child?

No go to the next section. Yes please complete the following: **End date of court order/s:** ____/____/____

1. Bring the original court order/s for staff to sight and a copy to attach to this enrolment form;

2. If these orders:

a) Change the powers of a parent/guardian to:

- authorise the taking of the child outside the service by a staff member of the service
- consent to the medical treatment of the child
- request or permit the administration of medication to the child
- collect the child from the outside school hours care service

b) Give these powers to someone else,

Please describe these changes and provide the contact details of any person given these powers: _____

Child's Immunisation Record

Has the child been immunised? No Yes

Please photocopy and attach your child's immunisation record to this Enrolment Form.

Note: Your child cannot attend any OSHC program until immunisation details are attached to the Enrolment Form. If your child is not immunised you must still attach a letter from your GP and/or Centerlink stating that your child has missed immunisation requirements or is not immunised at all. If your child was immunised outside of Australia you must provide an immunisation assessment report that confirms your child's immunisations status passes Australian standards.

Child's Health Information

Name Doctor/Medical Service: _____ Telephone: _____

Address Doctor/Medical Service: _____ Suburb: _____ State: _____ Postcode: _____

Medicare Number: _____ Ambulance Cover Number: _____

Child's Medical Information

Has your child been **diagnosed** with any of the following medical conditions (please tick):

	No	Yes	
Anaphylaxis	<input type="checkbox"/>	<input type="checkbox"/>	→ If YES you must attach a coloured action plan with a current photo of your child. The action plan <u>must be</u> signed by a medical practitioner. An Auto adrenaline device must be provided to the OSHC Program prior to attendance.
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	→ If YES you must attach a coloured action plan with a current photo of your child.
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	→ If YES you must attach a coloured action plan with a current photo of your child. The action plan <u>must be</u> signed by a medical practitioner
Allergy	<input type="checkbox"/>	<input type="checkbox"/>	→ If YES you must attach coloured action plan with a current photo of your child. The action plan <u>must be</u> signed by a medical practitioner

Asthma Management

Has your child been **diagnosed** with Asthma (please tick):

	No	Yes	
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	→ If YES you must attach a coloured action plan with a current photo of your child. The action plan <u>must be</u> signed by a medical practitioner. An Asthma device must be provided to the OSHC Program prior to attendance.

If you wish to provide the OSHC service with an Asthma Device for your child, **though your child has not been diagnosed with Asthma by a medical practitioner**, you will need to sign the following consent before any asthma management device or support can be administered to your child:

I (full name): _____ acknowledge and consent that my child requires (Asthma device name/s) _____ administered in the event when (child's name) _____ has symptoms of _____ and I provide consent to educators of After The Bell Aus programs to provide my child with or administer the above Asthma device if the above symptoms occur. I understand that an educator of the program will complete a Health Management Risk Minimisation Form prior to actioning this consent, which I have read and agreed upon.

Signature: _____ Dated: ____/____/____

Other Care Requirements

	No	Yes	
Dietary Needs & Sensitivities	<input type="checkbox"/>	<input type="checkbox"/>	→ If YES you must attach a Dietary Sensitivity Form.
Additional Needs, such as a disability, intellectual, sensory or physical impairment	<input type="checkbox"/>	<input type="checkbox"/>	→ If YES you must attach an Additional Needs Form. If inclusion support is required, please indicate this on the Additional Needs Form.

Other Information

If there is anything else that After The Bell Aus should know about your child? (e.g. excessive fears, favourite activities, etc).

Child's Child Care Benefit Details

Have you applied for Child Care Benefit? No Yes (please tick) (If yes, please provide relevant information)

Parent/Guardian/Person with Parental Responsibility CRN: _____ D.O.B: ____/____/____

Child CRN: _____ D.O.B: ____/____/____

The CRN belongs to? Mother Father Other _____

Have you elected the CCR (50% rebate) to be paid to the service with Centerlink? No Yes

How many children in total receive CCB in your family? (This includes children attending long/day care) Total number of children: _____

Do you receive JET funding? No Yes

Note: If you do not complete the Child Care Benefit details and provide dates of births and/or provide the Centerlink JET letter. You will be charged full fee until information is provided. It is not After The Bell Aus responsibility to chase up CCB/CCR and JET information.

Call the Family Assistance Office on 13 61 50 to register for CCB, CCR rebate and to check your eligible hours.

Booking details – All care requirements can be made by emailing enrolment@afterthebell.com.au or by calling 03 9758 6744

Casual Care ONLY: YES Vacation Care ONLY: YES (Vacation Care bookings are made online www.afterthebell.com.au)

Permanent Care- (Please only tick ongoing permanent days required)

Please tick care days required	Before School Care	After School Care
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Before School Care booking to Commence: ____/____/____

Please Tick- Weekly or Fortnightly

After School Care booking to Commence: ____/____/____

Please Tick- Weekly or Fortnightly

***If your child is using our transport service for After School Care you must complete a Transport Consent Form (please call Head Office to obtain a form)**

Consents

	No	Yes
I give permission for my child to be photographed by After The Bell Aus staff for the purpose of their child's individual portfolio		
I give permission for my child to be photographed by After The Bell Aus staff for the purpose of the programs portfolio		
I give permission for my child to be photographed by After The Bell Aus staff for the purpose of the school newsletter		
I give permission for images of my child be used in publications, video presentations, advertising, public promotional materials and/or Vacation Care flyers		
I give permission for my child to be photographed and/or videotaped in the event of media reportage, newspaper advertisement		
I give permission for my child to have the service sunscreen brand 30+ sunscreen applied as per the service's Sun Smart Policy		
I give permission for After The Bell Aus staff members to inspect my child's head for head lice		
I give permission for images of my child be used on After The Bell Aus Facebook page		
I give permission for images of myself be used on After The Bell Aus Facebook page		
I give permission for my child to have their face painted when advertised on the After The Bell Aus program		
I give permission for coloured hairspray to be applied to my child's hair		

Declaration and Consent

I, Parent/Guardian/Person with Parental Responsibility (Print full name)

Relationship to Child: _____

A person with lawful authority of the child referred to in this Enrolment Form,

- I/we declare that the information in this enrolment form is true and correct and undertake to immediately inform After The Bell Aus in the event of any changes to my child's enrolment details as well as booking information, debiting, court order, health management information is updated to After The Bell Aus. After The Bell Aus holds no liability in an event with your child, as of a result of incorrect and/or not up to date information provided regarding the child and account information.
- I/we agree to collect or make arrangements for the collection of the child referred to in this enrolment form if s/he becomes unwell at the service;
- I/we acknowledge that my child will not attend the program if suffering from an infectious or contagious disease. In the event that my child is injured or becomes ill during the program, either an authorised person or I shall collect the child as soon as practical.
- I/we consent to the proprietor After The Bell Aus carers to seek medical treatment for the child from a medical practitioner, emergency services, hospital or ambulance service and agree to meet any expenses that may result.
- I/we accept, understand and acknowledge all bookings, cancellation, re-enrolling policies procedures for Before, After, Vacation Care, Pupil Free/Curriculum day, public holidays, strike days, cap days at programs.
- I/we understand that if my child continuously misbehaves after behaviour guidance procedures have been followed for Before, After, Vacation Care, Pupil Free/Curriculum day I will be notified and my child may be removed from the program and may be possibly excluded from the program/s.
- I/we understand that OSHC educators do not supervise my child until they are signed into the program. Neither are they supervised after they have been signed out of the program by a Parent/Guardian/Person with Parental Responsibility or authorised nominee.
- I/we agree, accept and understand to abide by all policy, procedures and philosophy guidelines of the service and what is set out in the Parent/Guardian Handbook, terms and conditions on the company website, Company Policy Manual, statement messages and email information.
- I/we give permission for my child to participate in program-based activities organised for the days my child will be attending, including watching PG rated videos / movies.
- After The Bell Aus will not accept any liability for personal injury, property damage or loss sustained by any participant as a result of his or her participation at the program due to any cause whatsoever unless caused by the proven negligence of After The Bell Aus, its directors or employees. All persons accessing After The Bell Aus facilities must comply with the behaviour, safety guidelines and OH&S requirements, if this is not adhered to After The Bell Aus is not liable (its directors or employees).
- I/we accept, understand and acknowledge that any After The Bell Aus documents cannot be converted and/or changed without prior written consent from the After The Bell Aus Director. If it is found that any of After The Bell Aus documents have been changed and/or converted without written consent, the document will not be accepted and deemed in breach of Copyright laws and company policies and procedures.
- I/we understand that if my/our child is not collected from the service by closing time that I/we will incur a late fee penalty as specified in the policy and procedure handbook and all costs will form part of After The Bell Aus billing process and will be debited and/or recovered as per debiting and debt recovery processes.

Declaration and Consent (continues)

13. I/we confirm that the above information provided is correct and precisely matches the information submitted to Centerlink. I/we understand that any discrepancies between the two may lead to the service being unable to claim Child Care Benefit. In this instance I/we will be required to pay full fees. I understand that it is my responsibility to provide the correct Family Assistance information and not the responsibility of After The Bell Aus to chase it up with me.
14. I understand that if an enrolment and re-enrolment is not completed I will adhere to the process of a successful enrolment and understand my child will not be accepted into the program if all required information and uploads are not completed and provided. I understand if I make any changes to my child's enrolment I must provide notification of change in writing and this can only be by the Parent/Guardian/Person with Parental Responsibility
15. I/we acknowledge that my child can be removed from the program as a result of unpaid debt, continued misbehaviour, or not providing relevant documentation required in this Enrolment Form and not following After The Bell Aus policies and procedures.
16. I/we acknowledge that all the information provided on the Enrolment Form can be used for the purpose of debt recovery to various debt collection agencies and/or the Company's Accounts Financier.
17. I/we accept that fees, operation hours and operational days are subject to change.
18. I/we accept that an annual administration fee is charged to my account on an annual basis for Before, After School Care and Vacation Care between the months of December- March of each year.
19. I/we authorise my child to travel to and from an incursion and excursion via the means arranged by After The Bell Aus. The mode of transport may be bus, tram, taxi, train or walking. I know as part of an excursion I have read and understood the risk assessment as this forms part of consent for my child to attend an excursion day/s.
20. I acknowledge that the persons I have placed as Authorised Nominees understand their responsibility regarding this authorisation and are aware that you have nominated them.
21. As part of the legislation I/we accept that my child may be taken on a routine outing and excursions within the school premises and/or outside the school premises in either a before, after or vacation care setting. I know as part of a routine outing I have read and understood the risk assessments as this forms part of consent for my child to attend routine outings.
22. I/we have obtained a copy of the Parent/Guardian Handbook from the service or electronically from Head Office and understand that the policy and procedure manual is available for my viewing on request from Head Office. I accept that it is my responsibility to ensure I have gained a copy of the current Parent /Guardian Handbook and have read and understood all of the policies and procedures. I/we accept and agree to all the content in both Parent/Guardian Handbook and Policy Manual and I will ensure I am up to date with all changes pertaining to the Parent/Guardian Handbook and Policy Manual.
23. I/we acknowledge that payment of fees and any outstanding Before, After, pupil free days and Vacation Care amounts will be required to be finalised prior to the use of the following Vacation Care periods. No refunds apply after booking is made, if change of mind or child is sick or misbehaviour in a Vacation Care and Pupil Free/Curriculum days.
24. I/we accept and understand all Vacation Care information, bookings and cancellation policies and procedures stated in the policy manual and all terms and conditions stated online.
25. I/we accept all fees and agree to all charges occurred with After The Bell Aus and understand full payment is required, all debt collection and recovery costs and fees as well as late pick up fees, administration fee, surcharges, dishonour fees, late booking fee, late re-enrolment fees, care fees, cancellation and booking charges.
26. I/we agree to all the terms and conditions and charges in the Debit form provided and the online credit card payment system for Vacation Care.
27. I understand and consent that any payment information provided to After The Bell Aus via the company's nominated Direct Debit form and via the online Vacation payment system(for credit card) can be used at any time that my After The Bell Aus account has any outstanding funds.
28. I/we acknowledge that my After The Bell Aus account and payment methods remain active for use and collection of fees until I revoke this authorisation in writing to After The Bell Aus Head Office.
29. I/we understand that if my child has been diagnosed with Anaphylaxis, Epilepsy, Diabetes, Allergy and/or Asthma, I/we must provide a current signed Management Plan to After The Bell Aus prior to attendance and provide an updated plan every 12months to Head Office.
30. I understand and acknowledge that I must complete a re-enrolment form or enrolment form each new calendar year and adhere to the policies and procedures pertaining to annual re-enrolment and understand and accept charges involved.
31. I/we acknowledge and accept the debt collection fee when the After The Bell Aus account remains unpaid.
32. I/we agree to ensure I/we have sufficient funds in my nominated bank account, or risk my child's bookings being suspended. After The Bell Aus will reinstate all bookings once full cleared funds are received.
33. I/we understand my child will not be accepted to an After The Bell Aus program if I/we do not provide a current Enrolment Form, current and active Debit Form, immunisation record, or any required Court Orders, signed management plans and or dietary, special needs, health management form/s and other required documentation.
34. I/we acknowledge that After The Bell Aus is required to disclose information to the Department of Education and Training and other government agencies, as all OSHC services are governed by both Departments. I understand that After The Bell Aus adheres to the Privacy Act 1988 and will ensure that information in my child/ren's Enrolment records are not divulged to another person unless necessary for the care or education of my child/ren, to manage medical treatment of my child/ren, where expressly authorised by the parent, prescribed in the Education and Care Services National Regulation and Education and Care Service National Law Act, if required by law or in accordance with the Privacy Act 1988 and Information Act 2010.

Parent/Guardian/Person with Parental Responsibility SIGNATURE: _____ **Dated:** ____/____/____

Parent/Guardian/Person with Parental Responsibility SIGNATURE: _____ **Dated:** ____/____/____

Confidentiality of Enrolment Records

The proprietor of the children's service must ensure that information in the child's enrolment record is not divulged to another person unless necessary for the care or education of the child, to manage medical treatment of the child, where expressly authorised by the parent or prescribed in the Education and Care Services National Regulations 2011 (regulation 35(1) (d-e))

The Education and Care Services National Law Act 2010 (National Law) and the Education and Care Services National Regulations 2011 (National Regulations) use some different terminology from that used in the Children's Services Act 1996 and the Children's Services Regulations 2009.

"Lawful Authority" is not referred to in the National Law or the National Regulations. Instead there is a reference to 'parental responsibility'. The term is referred to in the definition of parent in the National Law (above) and is defined in the Family Law Act 1975 as "all the duties, powers, responsibilities and authority which, by law, parents have in relation to children".

PARENTS: All parents have the powers and responsibilities in relation to the children that can only be changed by court order. These refer to all the duties, powers, responsibilities and authority are referred to as parental responsibility. It is they are not affected by the relationship between the parents, such as whether or not they have lived together or married. A court order may take away the authority of a parent to do something, or give it to another person.

GUARDIANS: A guardian of a child also has parental responsibility. A legal guardian is given parental responsibility by a court order. This includes situations where a child does not live with his or her parents and there are no court orders. In these cases, the guardian is the person the child lives with who has day-to-day care of the child.

PARENTAL RESPONSIBILITY: A person other than a parent can be allocated parental responsibility, that is, all the duties, powers, responsibilities and authority which, by law, parents have in relation to children, under a decision or order of a court.

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.

After The Bell Aus Enrolment Form and relevant documentation are accepted by post, may be submitted in person at After The Bell Aus Head Office, or via email (at own risk)

Postal Address: PO BOX 7082 Upper Ferntree Gully Head Office Address: 1220 Burwood Highway, Upper Ferntree Gully VIC 3156

Phone: 03 9758 6744 Email: admin@afterthebell.com.au Website: www.afterthebell.com

OFFICE USE ONLY

Date Enrolment Form Rec: ____/____/____ **Date Enrolment Ent:** ____/____/____ **Date 'S' to Prog:** ____/____/____

Immunisation Record attached: Yes **Health Management Form attached No Yes N/A Type:** _____

Court Order attached: No Yes N/A **CCB Formalised No Yes N/A Reason for N/A:** _____

Admin Fee Applied: No Yes N/A **Date applied:** ____/____/____ **Enrolment Entered By:** _____