

# 2019 ENROLMENT FORM - OOSH

## BOOROWA EARLY EDUCATION CENTRE

Boorowa Early Education Centre Inc. require this form to be completed and all documentation attached prior to your child's first day with us. This information must be completed by one of the children's parents/ caregivers who have lawful authority in relation to the child.

BEE Centre is to be informed of any changes to details as soon as they arise.



|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                          |                                                 |                  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------|-------------------------------------------------|------------------|--|
| <b>Child's Name:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                          |                                                 |                  |  |
| <b>Please tick the Service and day/s your child will be attending</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                          |                                                 |                  |  |
| <b>After School Care</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | <b>Permanent Booking</b> |                                                 | <b>Monday</b>    |  |
| <b>Holiday Program</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | <b>Casual Booking</b>    |                                                 | <b>Tuesday</b>   |  |
| <b>Date for Care to Commence:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                          |                                                 | <b>Wednesday</b> |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                          |                                                 | <b>Thursday</b>  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                          |                                                 | <b>Friday</b>    |  |
| <p><b>After School Care</b><br/>                 Session Fee \$25 CCS entitlements available<br/>                 Operating hours 3.15pm-6pm<br/>                 NSW School Term Dates<br/>                 Must be enrolled in Primary School</p> <p><b>Holidays Program</b><br/>                 Session Fee \$55 CCS entitlements available<br/>                 Operating hours 8.00am-6pm<br/>                 NSW School Holiday Dates and most pupil free days<br/>                 Must be enrolled in Primary School</p> |  |                          |                                                 |                  |  |
| <b>Number of children attending other childcare services:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                          | <b>Number of children you are claiming CCS:</b> |                  |  |

| OFFICE USE ONLY                                                                                                             |        |         |           |          |                      |
|-----------------------------------------------------------------------------------------------------------------------------|--------|---------|-----------|----------|----------------------|
| Date commencing:                                                                                                            | Monday | Tuesday | Wednesday | Thursday | Friday               |
| <b>After School Care</b>                                                                                                    |        |         |           |          |                      |
| <b>Holiday Program</b>                                                                                                      |        |         |           |          |                      |
| <b>Child's Birth Certificate</b>                                                                                            |        |         |           |          | Entered into Qikkids |
| <b>Medicare Immunisation Record</b>                                                                                         |        |         |           |          |                      |
| <b>Parent CRN Listed</b>                                                                                                    |        |         |           |          |                      |
| <b>Custody Orders (original sighted and copy kept)</b>                                                                      |        |         |           |          |                      |
| <b>Relevant Health Management Plans on site</b>                                                                             |        |         |           |          |                      |
| <b>Debit Success Form/Centrepay Form</b>                                                                                    |        |         |           |          |                      |
| <b>Entered into Storypark</b>                                                                                               |        |         |           |          |                      |
| <b>Fee Collection, Health and Exclusion, Food and Nutrition and Arrival, Collection and Authorisation Policies emailed.</b> |        |         |           |          |                      |

2019 ENROLMENT FORM - OOSH  
BOOROWA EARLY EDUCATION CENTRE

**CHILD DETAILS**

|                                                                                                                                                                                                                                                      |                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| <b>Child CRN:</b>                                                                                                                                                                                                                                    |                          |
| <b>First Name(s):</b>                                                                                                                                                                                                                                | <b>Middle Name:</b>      |
| <b>Surname:</b>                                                                                                                                                                                                                                      |                          |
| <b>Preferred Name:</b>                                                                                                                                                                                                                               | <b>Gender:</b>           |
| <b>Date of Birth:</b>                                                                                                                                                                                                                                | <b>Country of Birth:</b> |
| <b>Home Address:</b>                                                                                                                                                                                                                                 |                          |
| <b>Post Code:</b>                                                                                                                                                                                                                                    |                          |
| <b>Is your child:</b> Aboriginal                      Torres Strait Islander                      Neither                                                                                                                                            |                          |
| <b>Are there currently any custody or access orders set in place by the Family Court affecting the custody of or access to the child named in this enrolment from?</b> YES    NO<br><b>If yes, please bring the original copy in upon enrolment.</b> |                          |
| <b>Ethnicity:</b>                                                                                                                                                                                                                                    | <b>Religion:</b>         |
| <b>Language spoken at home:</b>                                                                                                                                                                                                                      | <b>Second Language:</b>  |
| <b>Hobbies/Interests:</b>                                                                                                                                                                                                                            |                          |

**Please provide a copy of your child's birth certificate upon enrolment.**

|                                                                                |                                                                |
|--------------------------------------------------------------------------------|----------------------------------------------------------------|
| <b>Medical:</b>                                                                |                                                                |
| <b>Doctor:</b>                                                                 | <b>Phone:</b>                                                  |
| <b>Medicare Number:</b>                                                        |                                                                |
| <b>Address:</b>                                                                |                                                                |
| <b>Medical Conditions:</b>                                                     | <b>Severity:</b>                                               |
| Medical:                                                                       | Mild                      Moderate                      Severe |
| Allergy:                                                                       | <b>Treatment:</b>                                              |
| Note:                                                                          |                                                                |
| Dietary:                                                                       |                                                                |
| <b>Anaphylaxis: YES / NO</b>                                                   |                                                                |
| <b>Medications:</b>                                                            |                                                                |
| <b>Comments:</b>                                                               |                                                                |
| <b>Special Considerations:</b>                                                 |                                                                |
| Learning Needs:                                                                |                                                                |
| Communication Needs:                                                           |                                                                |
| Mobility Needs:                                                                |                                                                |
| Interpersonal Needs:                                                           |                                                                |
| Other Needs:                                                                   |                                                                |
| <b>Diagnosed Disability: YES/NO</b>                                            | <b>If YES, date advised:</b>                                   |
| <b>Please provide a brief description (attach further details as required)</b> |                                                                |

**Please provide a copy of your child's immunisation history (printed from Medicare)**

**Please provide any relevant Medical Management Plans (further information may be required upon enrolment)**

**An Allergy/Anaphylaxis Management Plan is required for children with these conditions**

## 2019 ENROLMENT FORM - OOSH

### BOOROWA EARLY EDUCATION CENTRE

#### PARENT/ GUARDIAN DETAILS

|                                                                                                              |                             |                          |
|--------------------------------------------------------------------------------------------------------------|-----------------------------|--------------------------|
| <b>PRIMARY CAREGIVER (CCS RECIPIENT)</b>                                                                     |                             | <b>CRN:</b>              |
| <b>Title:</b>                                                                                                | <b>First Name(s):</b>       | <b>Surname:</b>          |
| <b>Relationship to child:</b>                                                                                |                             |                          |
| <b>Date of Birth:</b>                                                                                        |                             | <b>Country of Birth:</b> |
| <b>Does the child live with you?</b>                                                                         | YES                      NO | Shared Care              |
| <b>Comments/ Details:</b>                                                                                    |                             |                          |
| <b>Home Phone:</b>                                                                                           |                             | <b>Silent: YES/NO</b>    |
| <b>Mobile:</b>                                                                                               |                             |                          |
| <b>Email:</b>                                                                                                |                             |                          |
| <b>Home Address:</b>                                                                                         |                             |                          |
| <b>Post Code:</b>                                                                                            |                             |                          |
| <b>Work Status: &gt;15hours work / Looking for work / Study or Training / Disability or Disability Carer</b> |                             |                          |
| <b>Occupation:</b>                                                                                           |                             |                          |
| <b>Organisation Name:</b>                                                                                    |                             |                          |
| <b>Work Address:</b>                                                                                         |                             |                          |
| <b>Post Code:</b>                                                                                            |                             |                          |
| <b>Work Phone:</b>                                                                                           |                             | <b>Email:</b>            |

|                                                                                                              |                                                                               |                          |
|--------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|--------------------------|
| <b>SECONDARY PARENT</b>                                                                                      |                                                                               | <b>CRN:</b>              |
| <b>Title:</b>                                                                                                | <b>First Name(s):</b>                                                         | <b>Surname:</b>          |
| <b>Relationship to child:</b>                                                                                |                                                                               |                          |
| <b>Date of Birth:</b>                                                                                        |                                                                               | <b>Country of Birth:</b> |
| <b>Does the child live with you?</b>                                                                         | YES                      NO                                                   | Shared Care              |
| <b>Tick boxes to authorise:</b>                                                                              | Emergency              Medical              Collection              Excursion |                          |
| <b>Comments/ Details:</b>                                                                                    |                                                                               |                          |
| <b>Home Phone:</b>                                                                                           |                                                                               | <b>Silent: YES/NO</b>    |
| <b>Mobile:</b>                                                                                               |                                                                               |                          |
| <b>Email:</b>                                                                                                |                                                                               |                          |
| <b>Home Address:</b>                                                                                         |                                                                               |                          |
| <b>Post Code:</b>                                                                                            |                                                                               |                          |
| <b>Work Status: &gt;15hours work / Looking for work / Study or Training / Disability or Disability Carer</b> |                                                                               |                          |
| <b>Occupation:</b>                                                                                           |                                                                               |                          |
| <b>Organisation Name:</b>                                                                                    |                                                                               |                          |
| <b>Work Address:</b>                                                                                         |                                                                               |                          |
| <b>Post Code:</b>                                                                                            |                                                                               |                          |
| <b>Work Phone:</b>                                                                                           |                                                                               | <b>Email:</b>            |

## 2019 ENROLMENT FORM - OOSH

### BOOROWA EARLY EDUCATION CENTRE

|                                                                                                              |                       |                          |                       |                                    |
|--------------------------------------------------------------------------------------------------------------|-----------------------|--------------------------|-----------------------|------------------------------------|
| <b>THIRD PARENT</b> (only if relevant)                                                                       |                       |                          | <b>CRN:</b>           |                                    |
| <b>Title:</b>                                                                                                | <b>First Name(s):</b> | <b>Surname:</b>          |                       |                                    |
| <b>Relationship to child:</b>                                                                                |                       |                          |                       |                                    |
| <b>Date of Birth:</b>                                                                                        |                       | <b>Country of Birth:</b> |                       |                                    |
| <b>Does the child live with you?</b>                                                                         |                       | <b>YES</b>               | <b>NO</b>             | <b>Shared Care</b>                 |
| <b>Tick boxes to authorise:</b>                                                                              |                       | <b>Emergency</b>         | <b>Medical</b>        | <b>Collection</b> <b>Excursion</b> |
| <b>Comments/ Details:</b>                                                                                    |                       |                          |                       |                                    |
| <b>Home Phone:</b>                                                                                           |                       |                          | <b>Silent: YES/NO</b> |                                    |
| <b>Mobile:</b>                                                                                               |                       |                          |                       |                                    |
| <b>Email:</b>                                                                                                |                       |                          |                       |                                    |
| <b>Home Address:</b>                                                                                         |                       |                          |                       |                                    |
| <b>Post Code:</b>                                                                                            |                       |                          |                       |                                    |
| <b>Work Status: &gt;15hours work / Looking for work / Study or Training / Disability or Disability Carer</b> |                       |                          |                       |                                    |
| <b>Occupation:</b>                                                                                           |                       |                          |                       |                                    |
| <b>Organisation Name:</b>                                                                                    |                       |                          |                       |                                    |
| <b>Work Address:</b>                                                                                         |                       |                          |                       |                                    |
| <b>Post Code:</b>                                                                                            |                       |                          |                       |                                    |
| <b>Work Phone:</b>                                                                                           |                       |                          | <b>Email:</b>         |                                    |

|                                                                                                              |                       |                          |                       |                                    |
|--------------------------------------------------------------------------------------------------------------|-----------------------|--------------------------|-----------------------|------------------------------------|
| <b>FOURTH PARENT</b> (only if relevant)                                                                      |                       |                          | <b>CRN:</b>           |                                    |
| <b>Title:</b>                                                                                                | <b>First Name(s):</b> | <b>Surname:</b>          |                       |                                    |
| <b>Relationship to child:</b>                                                                                |                       |                          |                       |                                    |
| <b>Date of Birth:</b>                                                                                        |                       | <b>Country of Birth:</b> |                       |                                    |
| <b>Does the child live with you?</b>                                                                         |                       | <b>YES</b>               | <b>NO</b>             | <b>Shared Care</b>                 |
| <b>Tick boxes to authorise:</b>                                                                              |                       | <b>Emergency</b>         | <b>Medical</b>        | <b>Collection</b> <b>Excursion</b> |
| <b>Comments/ Details:</b>                                                                                    |                       |                          |                       |                                    |
| <b>Home Phone:</b>                                                                                           |                       |                          | <b>Silent: YES/NO</b> |                                    |
| <b>Mobile:</b>                                                                                               |                       |                          |                       |                                    |
| <b>Email:</b>                                                                                                |                       |                          |                       |                                    |
| <b>Home Address:</b>                                                                                         |                       |                          |                       |                                    |
| <b>Post Code:</b>                                                                                            |                       |                          |                       |                                    |
| <b>Work Status: &gt;15hours work / Looking for work / Study or Training / Disability or Disability Carer</b> |                       |                          |                       |                                    |
| <b>Occupation:</b>                                                                                           |                       |                          |                       |                                    |
| <b>Organisation Name:</b>                                                                                    |                       |                          |                       |                                    |
| <b>Work Address:</b>                                                                                         |                       |                          |                       |                                    |
| <b>Post Code:</b>                                                                                            |                       |                          |                       |                                    |
| <b>Work Phone:</b>                                                                                           |                       |                          | <b>Email:</b>         |                                    |

# 2019 ENROLMENT FORM - OOSH

## BOOROWA EARLY EDUCATION CENTRE

### EMERGENCY/ AUTHORISED PERSON CONTACTS

In case of an emergency, BEE Centre will contact the parents/ guardians initially. If contact with a parent is unsuccessful, we will contact the following people, in the order that they are listed.

Authorised persons may be required to present PHOTO ID that is consistent with the details provided below.

| CONTACT ONE                                                                                     |                |          |  |  |
|-------------------------------------------------------------------------------------------------|----------------|----------|--|--|
| Title:                                                                                          | First Name(s): | Surname: |  |  |
| Relationship to child:                                                                          |                |          |  |  |
| Home Address:                                                                                   |                |          |  |  |
| Home Phone:                                                                                     |                | Mobile:  |  |  |
| Work Phone:                                                                                     |                | Email:   |  |  |
| CIRCLE to authorise:    Emergency            Medical            Collection            Excursion |                |          |  |  |

| CONTACT TWO                                                                                         |                |          |  |  |
|-----------------------------------------------------------------------------------------------------|----------------|----------|--|--|
| Title:                                                                                              | First Name(s): | Surname: |  |  |
| Relationship to child:                                                                              |                |          |  |  |
| Home Address:                                                                                       |                |          |  |  |
| Home Phone:                                                                                         |                | Mobile:  |  |  |
| Work Phone:                                                                                         |                | Email:   |  |  |
| Tick boxes to authorise:    Emergency            Medical            Collection            Excursion |                |          |  |  |

| CONTACT THREE                                                                                       |                |          |  |  |
|-----------------------------------------------------------------------------------------------------|----------------|----------|--|--|
| Title:                                                                                              | First Name(s): | Surname: |  |  |
| Relationship to child:                                                                              |                |          |  |  |
| Home Address:                                                                                       |                |          |  |  |
| Home Phone:                                                                                         |                | Mobile:  |  |  |
| Work Phone:                                                                                         |                | Email:   |  |  |
| Tick boxes to authorise:    Emergency            Medical            Collection            Excursion |                |          |  |  |

| CONTACT FOUR                                                                                        |                |          |  |  |
|-----------------------------------------------------------------------------------------------------|----------------|----------|--|--|
| Title:                                                                                              | First Name(s): | Surname: |  |  |
| Relationship to child:                                                                              |                |          |  |  |
| Home Address:                                                                                       |                |          |  |  |
| Home Phone:                                                                                         |                | Mobile:  |  |  |
| Work Phone:                                                                                         |                | Email:   |  |  |
| Tick boxes to authorise:    Emergency            Medical            Collection            Excursion |                |          |  |  |

## 2019 ENROLMENT FORM - OOSH

### BOOROWA EARLY EDUCATION CENTRE

#### PERMISSIONS AND AGREEMENTS

---

Please tick each box to confirm you agree to each point:

- I give permission for my child to be collected by 'Taylorm8de Travel' from their Primary School and travel by bus to the BEE Centre.
- I give permission for my child's photo to be used on our BEE Centre (Boorowa Early Education Centre) Facebook Site, website and in the local newspapers for promotional purposes.
- I give permission for my child to be observed for educational purposes and have photos shared in through our online documentation platform and other methods of communication.
- I give permission for BEE Centre staff to carry out or seek urgent medical, dental or hospital treatment or transportation by an ambulance service for my child.
- I give permission for Centre staff to apply 30 SPF sunscreen to my child's skin at regular intervals during the day.
- I give permission for staff at BEE Centre to administer prescribed medications in accordance with the Centre's Medication Policy.
- I give permission for Centre staff to administer one (1) dose of Panadol to my child if required, in accordance with the Centre's Medication Policy.
- I give permission for staff at BEE Centre to administer Stingos, Betadine and bandaids if required.
- I understand that fees must be paid regularly in weekly or fortnightly payments and that my child's place at the Centre may be terminated if fees are not up to date.
- I understand that if I do not pay my fees at time of termination a debt collection agency may be instructed to recover the outstanding fees and debt collection fees will be added to the outstanding amount.
- I understand and accept that two weeks' notice must be given for the termination of care. CCS entitlements will only be applied until the last day of attendance. If your child does not attend during the two-week period, full fees will be charged unless an approved absence is used.
- I am interested in being a part of the Management Committee or Sub-Committees.
- I, or someone I know, has a skill they could share with the children and staff of the BEE Centre.
- I understand that my child may be involved in outings off-site and that further communication will be given and permission may be required.
- I have included a copy of my child's birth certificate and immunisation history as well as any medical management plans, anaphylaxis management plan, or risk minimisation plan for the child referred to within this enrolment form.

Name:..... Signed:..... Date:.....

## 2019 ENROLMENT FORM - OOSH

### BOOROWA EARLY EDUCATION CENTRE

I \_\_\_\_\_, (print name in full) being a person with lawful authority of the child referred to within this enrolment form,

- Declare that the information provided in this enrolment form is true and correct and undertake to immediately inform the BEE Centre in the event of any change to this information;
- Agree to collect or make arrangements for the collection of the child referred to in this enrolment form if he/she becomes unwell, as determined by the staff, whilst attending the BEE Centre;
- Have read and understand the Parent Information Handbook and agree to abide by the conditions of my child's enrolment.
- Understand that key policies are readily available for my information, on Storypark and that I can request access to all BEE Centre Policies, which are located in the front office.
- Consent to BEE Centre Staff seeking any medical, dental, hospital and/or ambulance, as determined by the Nominated Supervisor and/or the Service Staff, and agree to pay the full costs connected with this treatment.
- Understand that the BEE Centre may be required to disclose personal information to the Department of Family and Community Services and the Department of Education and Training upon request.
- If a Doctor or Dentist considers immediate medication, anaesthetics or surgery necessary to the wellbeing of the child referred to in this enrolment form and I, and all other listed emergency contacts are unable to be contacted, I give permission for the Nominated Supervisor and/or the Service Staff to grant permission to the Doctor or Dentist to administer the procedure they deem necessary.

Name:..... Signed:..... Date:.....

### FAMILY CODE OF CONDUCT

---

Parents and Caregivers will;

- Communicate positively by speaking in a respectful tone and using positive language.
- Display respect for all people while at the Centre and not use raised voices or threatening language which might intimidate or humiliate.
- Communicate positively with all children (i.e. do not discipline any child other than your own).
- Follow the grievance procedure when expressing concerns or complaints.
- Report any observed hazard in the building or playground that may cause injury.
- Respect the Centre's property, and other people's property, privacy and confidentiality.
- Come to the Centre unaffected by drugs or alcohol.
- Work collaboratively with educators to support my child's social, emotional and behavioural learning.
- Read all correspondence to stay informed on matters concerning the Centre and your child's education and care.
- Follow the Centre's absence and cancellation procedures.
- Be a positive role model to children at all times when at the Centre.
- Understand that the curriculum is play based and guided by the principles of the Early Years Learning Framework.
- Accept cultural differences, differing needs and differing personalities.

Name:..... Signed:..... Date:.....

Name:..... Signed:..... Date:.....