

**Family Details** 

#### **UWA Child Care Office**

22 Gordon St Nedlands WA 6009

Postal: The University of WA

M513, 35 Stirling Hwy, Crawley 6009

T (08) 6488 5311 F (08) 6488 5301

E <u>outofschoolcare@uwa.edu.au</u> <u>www.childcare.uwa.edu.au</u>

# **Enrolment Form**

## **UWA Out of School Hours Care (OSHC)-18 Parkway Nedlands**

#### Family Name: Registered Parent CRN Name: \_\_\_\_\_ CRN number: \_\_\_\_\_-CRN=Reference Number issued by Family Assistance Office (FAO). Two separate numbers, one for the parent claiming and one for the child. This is required in order to receive any **CCB=Child Care Benefit or CCR=Child Care Rebate you are entitled to.** Total number of children in care across **ALL** services: UWA Staff: F/T P/T Dept Mailbag\_\_\_\_ UWA Student: F/T P/T Language spoken at home Child/Children Details Surname First Name Date of Birth Gender **Swimming Ability** Child CRN: - - Language spoken at home P/C Address Child CRN: - - Language spoken at home Child 3 Address\_ P/C Child CRN: - - Language spoken at home Parent/Guardian Details Mother's Name Date of Birth Home Address\_\_\_\_\_ P/C Home Phone \_\_\_\_\_ Home email Work Address Work email Authorised to pick up child from centre Yes/No (please circle) Father's Name Date of Birth P/C\_\_\_ Home Address\_\_\_\_\_ Home Phone \_\_\_\_\_ Home email Work Address P/C Work email Work Phone

Authorised to pick up child from centre Yes/No (please circle)

#### Custody of Child/ren

Have any court orders been made by a court regarding your child? If yes please provide a photocopy of these orders for the Centre.

Yes/No

Emergency Contact details			
Name	Addres	ss Home phone	
	P/C	_ Home phone	
Work phone	Mobile		
Relationship to child			
Emergency Contact details	2		
Name		20	
Name	P/C	ss _ Home phone	
Work phone	Mobile		
Relationship to child			
Authorised Persons to Colle	ect Child/ren from t	he Centre	
Name		Phone	
Name			
Traine	w	1110110	
Permission to seek Medical	Advice		
Doctor's Name		Doctor's Phone	
Doctor's Address		Bootor 3 i none	
Medicare Number		Private Health fund	
If No, please provide details			
Child health details			
Does your child/ren require re If yes, please give details and			
Does your child/ren have known lf yes, please provide current		es/No taken in the event of an a	llergic reaction.
Does your child/ren have any If yes, please provide details.		rements? Yes/No	
Does your child/ren suffer from If yes, please provide detail		es/No uired and fill out an asthn	na plan for the
Centre.			

STATISTICAL DATA F Education, Employmen				nent Sy	stem) / DEEWR	(Department of
Indigenous status: Is y  □ No □ Yes, Aborig □ Yes, Torres	inal	iginal or	Torres S	Strait Isl	ander origin? (Ti	ck all that apply)
☐ . Communic☐ . Mobility☐ Self care☐ Interpersor	dren of a similar ealth condition or nd applying knov	age, tha disabilit vledge, e	t is relate y? The orducation	ted to ar categori	n underlying long es include:	ı-term (lasting for
☐ . Children wi ☐ . Indigenous ☐ The child's ☐ The child is	om culturally and ith a refugee bac children place has been in the care of the care of the care about your mation about	linguistickground sought be state, wour chi	cally div who ha y a state or other	erse ba ve beer e or terr forms o	ckgrounds i subjected to tra itory child protect if out of home ca	uma tion worker
know?						
Enrolment Details for *For Vacation Care bo	okings, please	complet	e a sep			
Child 1 Is collection required? I From which date is the	Mon Tue f so, from which	Wed school?_	Thurs			
Child 2 Is collection required? I From which date is the	Mon Tue f so, from which collection to com	school?_			(please circle)	
Child 3 Is collection required? I From which date is the		school?_			(please circle)	
Payment Type (pleas	e circle)					
Cash	Cheque	Salary I	Packagi	ng (UW	A Staff only)	Direct Transfer

<sup>\*</sup>If you will be salary packaging your fee you must contact the Salary Packaging Department at Human Resources on 6488 7186, to arrange payments. As of June 2009 any family that salary packages their fees will not be entitled to Child Care Benefit (CCB) or the Child Care Rebate (CCR).

#### **AUTHORISATION**

#### 1. PERMISSION FOR STAFF TO ACT IN CASE OF AN EMERGENCY OR ACCIDENT

Although every care will be taken of your child while at the Centre, the staff can in no way be held responsible for any accident which may occur. In the event of an accident, or illness requiring emergency medical treatment, every effort will be made to contact the parents before such treatment is sought. However, should this prove impossible, it will be necessary for authority to be given for the treatment to be under taken. All medical and transport expenses will be the responsibility of the parent/guardian should they be necessary. Parents are asked to complete and sign the following:

complete and sign the following:	
I_ emergency medical treatment for my child/ren_ should this be considered necessary.	authorise the staff of the UWA OSHC to seek
NAME:DATE:	SIGNED:
2. PERMISSION FOR STAFF TO TAKE CHI	LDREN ON LOCAL EXCURSIONS
I give permission for my child to participate in e Matilda Bay foreshore, Jo Jo's jetty or the Nedl	excursions to the UWA Human Movement Oval, ands skate park from the Centre, by foot.
NAME:DATE:	SIGNED:
(Parent's will receive a separate form fo  3. PERMISSION FOR TRANSPORTING CHI I give permission for my child/ren to be transported excursions.	ILDREN ON OUR UWA BUS
NAME:	SIGNED:
4. PERMISSION FOR CHILD TO LEAVE TH Movement Swimming Pool )  I give permission for my child to leave the Cent the UWA Human Movement Pool. (if applicable)	tre on their own to attend swimming lessons at
NAME:DATE:	SIGNED:
	-

#### **CONDITIONS OF ENROLMENT**

- 1. A staff member must be notified of the arrival and departure of children at the Centre. ALL children are to be signed in and out by an authorised person. I understand that my child will only be allowed to leave the centre with an authorised person over the age of 16.
- 2. All children must be collected from the centre by the centre's closing time. A late fee will apply if children are collected after 6pm. A late fee of \$5 for every 5 minutes (or part of). I understand the necessity to notify the centre if I am going to be late and if my child is unable to attend on that day.
- 3. All After School Care and Vacation Care fees are managed by the Child Care Management System (CCMS) and Child Care Management. Fees are due TWO weeks in advance upon enrolment. Two weeks written notice is required if you wish to cancel any after school care booking and no cancellations are accepted once the Vacation Care program has commenced. If your child does not attend the centre during their last two weeks of after school care, CCB will not be applied and full fees will be charged. Please refer to Fee policy agreement.
- 4. Any child suffering from an illness which may in any way be transferred to other children or staff shall not be accepted into our Centre. Once such illness is diagnosed the parent/guardian shall be contacted and requested to resume responsibility for that child. Exclusion periods are determined by The Department of Health booklet Communicable Disease-Guidelines for Teachers, Local Authorities and Child Care Centre's. The child/ren will be accepted back into the centre upon provision of a clearance certificate from a medical practitioner. Parents/Guardians are expected to inform staff if their child/ren has been diagnosed with a communicable disease.
- 5. Child Care Benefit is available but until UWA OSHC receives confirmation from the Child Care Management System (CCMS), managed by DEEWR (The Department of Employment, Education and Workplace Relations) the parent/guardian will be responsible for the full fee. Child Care Benefit is the Parent/Guardians responsibility to maintain and the Centre will only apply the assistance from the advice provided by CCMS.
- 6. Any changes of my child's details or any details that appear on the enrolment form must be made known and recorded with the Director immediately on a change of address form.
- 7. I hereby give permission for UWA OSHC to administer liquid Panadol for the temporary relief of pain or fever, only in an emergency situation. I understand that the centre will contact me by phone before administering the medication and I will sign the necessary authority medication form on arrival. No prescribed medication will be given to children unless it is in the original packaging and with the written authority of the parent. No medication is to be left in your child's bag or to be self-administered. NON-PRESCRIPTION MEDICATION WILL NOT BE ADMINISTERED.
- 8. The UWA OSHC commits to the following in regards to your privacy. We commit to: retaining your information in a secure environment and will only provide essential information to our agents or service providers for the purpose of conducting our business or services with you; binding all staff, agents and service providers to our confidentiality agreements and our privacy policies; not sharing or selling your information to any third party for marketing purposes and not releasing information unless required by law to do so.

### I HAVE READ AND FULLY UNDERSTAND THE ABOVE CONDITIONS AND AGREE TO ABIDE BY THEM

NAME:	SIGNED	DATE
DIRECTOR:	SIGNED	DATE