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# ENROLMENT FORM

All information contained in this enrolment form will be treated as confidential and will be viewed by primary contact staff only and by authorities if required.



A project of the Springwood Neighbourhood centre Co-operative Ltd  
ABN 463 83 912 486



## SECTION 1: CHILD'S DETAILS

### FIRST CHILD

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

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

\_\_\_\_\_

\_\_\_\_\_

Date of birth: \_\_\_\_\_ Sex: Male  Female

Child's cultural background: \_\_\_\_\_

Is your child of aboriginal or Torres Strait Islander origin?

- No
- Yes, Aboriginal
- Yes, Torres Strait Islander

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

School Attended: \_\_\_\_\_

Child's Centrelink Reference Number (CRN): \_\_\_\_\_

Permanent days you wish your child to attend the Centre (Please underline):

**Before School care:**            MONDAY    TUESDAY    WEDNESDAY    THURSDAY    FRIDAY

**After School care:**            MONDAY    TUESDAY    WEDNESDAY    THURSDAY    FRIDAY

OR

I require casual care or vacation care only

**NOTE:** Permanent bookings made above apply to school terms only. A Vacation Care Booking Form needs to be completed prior to each Vacation care period.

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



Does your child have any cultural, religious or dietary requirements? YES  NO

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

Does your child have any allergies (including asthma or anaphylaxis) or medical conditions? YES  NO

If **YES** please provide details, including a copy of a medical management plan or risk minimisation plan prepared by the child's doctor, if applicable:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child require regular medication? YES  NO  If **YES** please provide details:

\_\_\_\_\_  
\_\_\_\_\_

**NOTE:** Medication will only be administered to a child in accordance with the Centre's Medication Policy.

Does your child have a diagnosed disability or require additional assistance to meet their needs?

YES  NO  If **YES** please provide details: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

If **NO**, please detail reason:

\_\_\_\_\_  
\_\_\_\_\_

Is there anything else our staff needs to know about your child? (e.g. interests, dislikes, likes fears etc.)

\_\_\_\_\_  
\_\_\_\_\_

**NOTE:** Staff will also talk to your child about their ideas and interests on a regular basis and incorporate these into the programme.



**SECOND CHILD**

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

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

Date of birth: \_\_\_\_\_ Sex: Male  Female

Child's cultural background: \_\_\_\_\_

Is your child of aboriginal or Torres Strait Islander origin?

- No
- Yes, Aboriginal
- Yes, Torres Strait Islander

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

School Attended: \_\_\_\_\_

Child's Centrelink Reference Number (CRN): \_\_\_\_\_

Permanent days you wish your child to attend the Centre (Please underline):

**Before School care:**            MONDAY    TUESDAY    WEDNESDAY    THURSDAY    FRIDAY

**After School care:**            MONDAY    TUESDAY    WEDNESDAY    THURSDAY    FRIDAY

OR

I require casual care or vacation care only

**NOTE:** Permanent bookings made above apply to school terms only. A Vacation Care Booking Form needs to be completed prior to each Vacation care period.

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



Does your child have any cultural, religious or dietary requirements? YES  NO

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

Does your child have any allergies (including asthma or anaphylaxis) or medical conditions? YES  NO

If **YES** please provide details, including a copy of a medical management plan or risk minimisation plan prepared by the child's doctor, if applicable:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child require regular medication? YES  NO  If **YES** please provide details:

\_\_\_\_\_  
\_\_\_\_\_

**NOTE:** Medication will only be administered to a child in accordance with the Centre's Medication Policy.

Does your child have a diagnosed disability or require additional assistance to meet their needs?

YES  NO  If **YES** please provide details: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

If **NO**, please detail reason:  
\_\_\_\_\_  
\_\_\_\_\_

Is there anything else our staff needs to know about your child? (e.g. interests, dislikes, likes fears etc.)

\_\_\_\_\_  
\_\_\_\_\_

Please ask for an Additional Child form if you need space to include a third or subsequent child.



### SECTION 2: FAMILY INFORMATION

Parent / Guardian 1 Full Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Parent CRN: \_\_\_\_\_

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

Home phone No: \_\_\_\_\_ Mobile Phone No: \_\_\_\_\_

Name of Workplace: \_\_\_\_\_ Work Phone No: \_\_\_\_\_

Language/s spoken at home: \_\_\_\_\_

Parent / Guardian 1 Full Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Parent CRN: \_\_\_\_\_

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

Home phone No: \_\_\_\_\_ Mobile Phone No: \_\_\_\_\_

Name of Workplace: \_\_\_\_\_ Work Phone No: \_\_\_\_\_

Language/s spoken at home: \_\_\_\_\_

If claiming CCS the name of the person claiming: \_\_\_\_\_

How many other children not listed here, do you have in approved childcare? \_\_\_\_\_

Email address for invoices and correspondence: \_\_\_\_\_

Are there any family situations that we need to be aware of such as custody arrangements (shared custody, sole parent custody), court orders, parenting orders or parenting plans, restraining orders, court orders limiting access or prohibiting access to the child/children YES  NO  If yes, please provide details:

\_\_\_\_\_

Please provide evidence of any court/parenting orders. Note: The Centre cannot enforce custody issues without a copy of the relevant court order.

### SECTION 3: MEDICAL INFORMATION

Family Doctor's name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Family Medicare card number: \_\_\_\_\_

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



**SECTION 4: EMERGENCY CONTACTS & AUTHORISATIONS (other than parents)**

	<b>Contact 1</b>	<b>Contact 2</b>	<b>Contact 3</b>
Name			
Relationship to child			
Address			
Home telephone			
Work Telephone			
Mobile Telephone			
<b>Please indicate by writing yes or no whether you authorise this person to do the following:</b>			
Collect your child			
Give permission for your child to attend excursions			
Consent to medical treatment or to authorise for the administration of medication for your child			
Be contacted in the event on an accident, injury, trauma or illness if the parent/guardians cannot be contacted			



## SECTION 5: AUTHORISATION AND APPROVAL (PERMISSION)

**NOTE:** Please read this section carefully. The conditions detailed here apply to each child included on this enrolment form. If you do not give your permission for a point, please cross it out and initial next to it.

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

In the event of an accident, illness or another emergency resulting in the need for immediate medical attention, I hereby give permission for the staff to take my child to a doctor or hospital to seek the following urgent treatments:

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

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

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

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

I hereby authorise the staff to administer an age/weight appropriate dose of medication (such as a fever reducing agent, asthma medication, epi-pen) to my child, should he/she require medication in an emergency.

### 4. PERMISSION FOR PHOTOGRAPHS/VIDEOS TO BE TAKEN

I hereby consent to my child and their work to be in photographs or videos while they are at the Centre or on an excursion. These may be used by the service as documentation of and to assist with evaluations of the programme or to use as a part of promotion and publicity for the Centre. NOTE: Names are not included where photos/videos are published outside of the Centre.

### 5. NOTIFICATION OF ARRIVAL AND DEPARTURE OF CHILDREN AT THE CENTRE

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

### 6. CHILD ABSENCE

I agree to notify the Centre prior to 3pm if my child is absent from the Centre on a day that they are booked in.

### 7. PERMISSION TO APPLY SUN SCREEN & SUN SAFETY

I hereby give permission for staff to apply sunscreen to my child before play activities during school holidays when the UV index is 3 or above. In before and after school care, the decision to apply sunscreen is a family one and staff will not enforce this. I am aware that my child must wear a hat when playing outside when the UV index is 3 or above.

### 8. RESPONSIBILITY FOR CHILDREN

I realize that the Centre's responsibility for my child starts at the first point of contact and ends at the last point of contact each day.





#### **9. PERMISSION FOR MY CHILD TO TRAVEL BY CAR TO OR FROM THE CENTRE**

In the event of my child missing the bus or some other circumstance, I give permission for my child to travel by taxi to or from the Centre at my expense or in a staff member's car if this will ensure the smooth operation of the service.

#### **10. PERMISSION FOR REGULAR OUTINGS**

I hereby give permission for my child to attend regular outings. Regular outings include to bus stops to take or collect other children (Macquarie Rd), Springwood Library to choose books or use computers (Macquarie Rd), IGA Supermarket to purchase food (Macquarie Rd), Office Choice to purchase stationery (Raymond Mall). Regular outings also include Springwood Memorial Park to access a larger play space (Macquarie Rd). Regular outings are always accessed on foot with 1 staff member and up to 8 children. Time away is between 5 and 20 minutes for purchasing/hiring outings. Outings to the park usually have 1 – 2 staff members and up to 15 – 30 children (ratio of 1:15 not being exceeded at any time). A risk assessment for each type of outing is available at the Centre to be viewed on request. Such outings are undertaken in accordance with the National Regulations and Tanderra's policies and procedures.

#### **11. PAYMENT OF FEES**

- A. I understand that a holding deposit will be charged for each child on enrolment to secure their place and that this will be reimbursed upon my no longer requiring the service or will be used towards any fees owing.
- B. I understand that all costs incurred including childcare fees, holding deposits, additional charges such as any fines owed or excursion costs are payable via Ezidebit, a direct debit system which all families using Tanderra are required to sign up for.
- C. I understand that two (2) weeks written notice must be given of my intention to withdraw my child from the Centre when he/she has a permanent booking.
- D. I understand that fees are payable for the current week of care and that should my direct debit payment fail, a failed payment fee will be charged. Should my payments continue to fail, the service will enact its debt recovery policy. I will be notified in writing or by email with a date by which the situation must be resolved. If the situation has not been resolved by the date stated in the notice, I realize that my child's place at the Centre could be in jeopardy.

#### **12. ABSENCES FROM THE CENTRE**

I understand that fees are payable for public holidays, family holidays and absences for any reason if those days fall on a day that my child is booked into the Centre.

#### **13. SERVICE CLOSURE AND TERM BOOKINGS**

No fee is charged while the service is closed over the Christmas period. Permanent bookings are viable during school terms only; a separate form must be filled out for attendance during vacation care.

#### **14. LATE FEE**

The Centre is open from 6.30am to 9.00am for Before School Care; 2.30pm to 6.30pm for After School Care and 7.00am to 6:30pm for Vacation Care. Staff are unable to accept children in the centre outside of these hours. Should children be present after the closing time, a late fee of \$20.00 per 30 minutes or part thereof will apply.

#### **15. HEALTH, SAFETY & MEDICATION**

If any medication needs to be administered to my child while they are at the Centre, I will see staff to complete the appropriate documentation. (Certain medications such as asthma puffers may remain in bags and be self-administered by a child if approved via a Medical Management Plan and signed by a doctor).



## SECTION 6:      DISCLAIMER/INFORMED CONSENT

I hereby acknowledge that:

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

Parent/Guardian’s Full Name: \_\_\_\_\_

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

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

Co-ordinator to sign here after checking that this form has been completed in full: \_\_\_\_\_