



# OSHC ENROLMENT

Family Name: \_\_\_\_\_

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

Year Enrolment Is For: 20 \_\_\_\_\_

**Please note: Immunisation certificates, medical action plans, court orders and medication must be provided before enrolment is approved and bookings accepted.**

Entered By: \_\_\_\_\_

Date Entered: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

For all bookings and information,  
please call the World4Kids head office:

**03 8682 9400**

or email

[reception@world4kids.net](mailto:reception@world4kids.net)

PLEASE COMPLETE THIS FORM USING CAPITAL BLOCK LETTERS ONLY

FAMILY NAME

DATE / /

### CHILD DETAILS

	GIVEN NAMES	CENTRELINK CRN	M/F	D.O.B.	GRADE
CHILD				/ /	
CHILD				/ /	
CHILD				/ /	

STREET ADDRESS

SUBURB

POSTCODE

LANGUAGE USED IN CHILD(REN) HOME

CULTURAL BACKGROUND OF CHILD(REN)

Is your child(ren) of Aboriginal and/or Torres Strait Islander origin? No  Yes  If yes, please specify

### PARENT DETAILS

PLEASE NOTE YOU NEED TO INCLUDE YOUR PARENT CENTRELINK CRN AND D.O.B. TO RECEIVE CHILDCARE BENEFITS.

First Name  Surname  Title

Home Address: (As above?)  Centrelink CRN\*  D.O.B.\*

Suburb  P/Code

Email (required)  Home Ph

Does the child(ren) live with this person? Yes  No  Mobile Ph

Work: N/A  Studying  Looking for Work  More than 15 hours

Occupation  Organisation

Work Ph  Relationship to the Child(ren)

Country of Birth  Cultural Background

**This person is authorised to: (PLEASE TICK ALL THAT APPLY)**

Manage Account/Make/Change bookings <input type="checkbox"/>	Collect the child(ren) from the Education and Care service <input type="checkbox"/>	Consent to medical treatment for the child(ren) <input type="checkbox"/>
Be Notified of an emergency involving child(ren) <input type="checkbox"/>	Consent to administration of medication to the child(ren) <input type="checkbox"/>	Provide consent for an educator to take the child outside the education and care service premises <input type="checkbox"/>

Can you contribute any skills or resources to our programs, e.g. play an instrument, donate time or equipment?

First Name  Surname  Title

Home Address: (As above?)  Centrelink CRN\*  D.O.B.\*

Suburb  P/Code

Email (required)  Home Ph

Does the child(ren) live with this person? Yes  No  Mobile Ph

Work: N/A  Studying  Looking for Work  More than 15 hours

Occupation  Organisation

Work Ph  Relationship to the Child(ren)

Country of Birth  Cultural Background

**This person is authorised to: (PLEASE TICK ALL THAT APPLY)**

Manage Account/Make/Change bookings <input type="checkbox"/>	Collect the child(ren) from the Education and Care service <input type="checkbox"/>	Consent to medical treatment for the child(ren) <input type="checkbox"/>
Be Notified of an emergency involving child(ren) <input type="checkbox"/>	Consent to administration of medication to the child(ren) <input type="checkbox"/>	Provide consent for an educator to take the child outside the education and care service premises <input type="checkbox"/>

Can you contribute any skills or resources to our programs, e.g. play an instrument, donate time or equipment?

# NOMINEES & CONTACTS

WHO CAN BE AN EMERGENCY CONTACT, AUTHORISE MEDICAL TREATMENT/MEDICATION OR EXCURSIONS OR COLLECT YOUR CHILD?

**1.** Title  First Name  Surname   
 Address   
 Contact Phone: (H)  (M)  (W)   
 Relationship to Child

**This person is authorised to:** PLEASE TICK ALL THAT APPLY

Collect the child(ren) from the Education and Care service (Authorised Nominee) <input type="checkbox"/>	Consent to medical treatment for the child(ren) <input type="checkbox"/>	Be notified of an emergency involving the child (ren) if any parent of the child(ren) cannot be immediately contacted <input type="checkbox"/>	Consent to administration of medication to the child(ren) <input type="checkbox"/>	Provide consent for an educator to take the child outside the education and care service premises <input type="checkbox"/>
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**2.** Title  First Name  Surname   
 Address   
 Contact Phone: (H)  (M)  (W)   
 Relationship to Child

**This person is authorised to:** PLEASE TICK ALL THAT APPLY

Collect the child(ren) from the Education and Care service (Authorised Nominee) <input type="checkbox"/>	Consent to medical treatment for the child(ren) <input type="checkbox"/>	Be notified of an emergency involving the child (ren) if any parent of the child(ren) cannot be immediately contacted <input type="checkbox"/>	Consent to administration of medication to the child(ren) <input type="checkbox"/>	Provide consent for an educator to take the child outside the education and care service premises <input type="checkbox"/>
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**3.** Title  First Name  Surname   
 Address   
 Contact Phone: (H)  (M)  (W)   
 Relationship to Child

**This person is authorised to:** PLEASE TICK ALL THAT APPLY

Collect the child(ren) from the Education and Care service (Authorised Nominee) <input type="checkbox"/>	Consent to medical treatment for the child(ren) <input type="checkbox"/>	Be notified of an emergency involving the child (ren) if any parent of the child(ren) cannot be immediately contacted <input type="checkbox"/>	Consent to administration of medication to the child(ren) <input type="checkbox"/>	Provide consent for an educator to take the child outside the education and care service premises <input type="checkbox"/>
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**4.** Title  First Name  Surname   
 Address   
 Contact Phone: (H)  (M)  (W)   
 Relationship to Child

**This person is authorised to:** PLEASE TICK ALL THAT APPLY

Collect the child(ren) from the Education and Care service (Authorised Nominee) <input type="checkbox"/>	Consent to medical treatment for the child(ren) <input type="checkbox"/>	Be notified of an emergency involving the child (ren) if any parent of the child(ren) cannot be immediately contacted <input type="checkbox"/>	Consent to administration of medication to the child(ren) <input type="checkbox"/>	Provide consent for an educator to take the child outside the education and care service premises <input type="checkbox"/>
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## CHILD(REN) – COURT ORDERS, PARENTING ORDERS AND PARENTING PLANS

Who do the child(ren) live with? Mother  Father  Both  Other  ► Specify other:

Is your child subject to any of the following: No  Yes  ► If yes, please complete the following:

Court Order / Parenting Order / Parenting Plan  
 (Please circle)

Which child(ren) does this apply to? CHILD 1  CHILD 2  CHILD 3

1.a) Please Supply the Service with copies of any Court Orders/Parenting Orders/Parenting Plans or Access Arrangements that are in place for your child(ren). Please ensure they detail; powers, duties, responsibilities or authorities of any person in relation to the child(ren) or access to the child(ren) and Details of any other court orders provided relating to the child(ren) residence or the child(ren) contact with a parent or other person.

2.a) Name any person(s) denied access and not to collect the child(ren) \_\_\_\_\_

2.b) Provide any additional information about access arrangement (including child(ren) residence and the child(ren) contact with parent or other persons)  
 \_\_\_\_\_

\* The above details must reflect documentation attached

# MEDICAL INFORMATION (if all your children see the same doctor at the same clinic, just complete CHILD 1)

Medicare No.  Ambulance Subscription Yes  No

**CHILD 1**  
Child 1 Name  Clinic Name   
Doctor  Telephone   
Address  Medical /Health Cover Yes  No

**CHILD 2**  
Child 2 Name  Clinic Name   
Doctor  Telephone   
Address  Medical /Health Cover Yes  No

**CHILD 3**  
Child 3 Name  Clinic Name   
Doctor  Telephone   
Address  Medical /Health Cover Yes  No

Is your child(ren) currently on any medication?\* No  Yes  **▶** If yes, please specify which child, the name of medication, dosage and frequency:

Does your child(ren) have a child health care record?\*\* No  Yes  **▶** If yes, please provide to the service for sighting.

**OFFICE USE:** Record sighted by: Name  Position

## CHILD'S IMMUNISATION RECORD

\* To request copy go to [www.medicareaustralia.gov.au/ssl/acircircert](http://www.medicareaustralia.gov.au/ssl/acircircert)

If your child has been immunised, please provide the details by:

- attaching a copy of the Immunisation Record from the Child Health Record book OR
  - attaching a Child History Statement from the Australian Childhood Immunisation Register
- Yes Attached

**CHILD 1**  
Child 1 Name   
*Has your child been fully immunised or Up-to-date according to the Australian Standard Vaccination Schedule*  
*If NO Please provide evidence of your child's immunisation exemption* No  Yes

**CHILD 2**  
Child 2 Name   
*Has your child been fully immunised or Up-to-date according to the Australian Standard Vaccination Schedule*  
*If NO Please provide evidence of your child's immunisation exemption* No  Yes

**CHILD 3**  
Child 3 Name   
*Has your child been fully immunised or Up-to-date according to the Australian Standard Vaccination Schedule*  
*If NO Please provide evidence of your child's immunisation exemption* No  Yes

\*If medication is required by the child during care a permission form is required.

\*\*A child health care record means a record that documents a child's health and development assessments and immunisations

## ABOUT ME

**CHILD 1**  
My favourite book/toy is   
My favourite sport/game is   
My favourite snack is   
I enjoy

**CHILD 2**  
My favourite book/toy is   
My favourite sport/game is   
My favourite snack is   
I enjoy

**CHILD 3**  
My favourite book/toy is   
My favourite sport/game is   
My favourite snack is   
I enjoy

## ILLNESSES, ALLERGIES, ADDITIONAL NEEDS AND MEDICAL CONDITIONS

CHILD 1

**Child 1 Name:**  Does your child have any allergies or sensitivity? No  Yes   
If yes, please provide details of any allergies and any management procedure to be followed with respect to the allergy.

Does your child have any current specific health care needs or medical conditions No  Yes   
Eg: asthma, epilepsy, diabetes, etc. If yes, please provide details of any medical condition and any management procedure to be followed.

Are there any cultural, religious or dietary needs that we should be aware of? No  Yes  ► If yes, please specify:

Does your child have any additional needs or challenging behaviours? No  Yes  ► If yes, please specify:

CHILD 2

**Child 2 Name:**  Does your child have any allergies or sensitivity? No  Yes   
If yes, please provide details of any allergies and any management procedure to be followed with respect to the allergy.

Does your child have any current specific health care needs or medical conditions No  Yes   
Eg: asthma, epilepsy, diabetes, etc. If yes, please provide details of any medical condition and any management procedure to be followed.

Are there any cultural, religious or dietary needs that we should be aware of? No  Yes  ► If yes, please specify:

Does your child have any additional needs or challenging behaviours? No  Yes  ► If yes, please specify:

CHILD 3

**Child 3 Name:**  Does your child have any allergies or sensitivity? No  Yes   
If yes, please provide details of any allergies and any management procedure to be followed with respect to the allergy.

Does your child have any current specific health care needs or medical conditions No  Yes   
Eg: asthma, epilepsy, diabetes, etc. If yes, please provide details of any medical condition and any management procedure to be followed.

Are there any cultural, religious or dietary needs that we should be aware of? No  Yes  ► If yes, please specify:

Does your child have any additional needs or challenging behaviours? No  Yes  ► If yes, please specify:

## ANAPHYLAXIS

In the case of Anaphylaxis you will be provided with a copy of the services' Management Policy. You will be required to provide the service with a current Anaphylaxis Management plan signed by the doctor treating your child. This will be attached to the enrolment form.

CHILD 1

**Child 1 Name:**   
Has your child been diagnosed at risk of Anaphylaxis? Yes  No

Does your child have an auto injection device?(Eg Epipen or Anapen) Yes  No

Has your child's Anaphylaxis Management Plan been provided to the service? Yes  No   
► If no, please provide

Has a Risk Minimisation Plan been completed by the service in consultation with you? Yes  No

CHILD 2

**Child 2 Name:**   
Has your child been diagnosed at risk of Anaphylaxis? Yes  No

Does your child have an auto injection device?(Eg Epipen or Anapen) Yes  No

Has your child's Anaphylaxis Management Plan been provided to the service? Yes  No   
► If no, please provide

Has a Risk Minimisation Plan been completed by the service in consultation with you? Yes  No

CHILD 3

**Child 3 Name:**   
Has your child been diagnosed at risk of Anaphylaxis? Yes  No

Does your child have an auto injection device?(Eg Epipen or Anapen) Yes  No

Has your child's Anaphylaxis Management Plan been provided to the service? Yes  No   
► If no, please provide

Has a Risk Minimisation Plan been completed by the service in consultation with you? Yes  No

## MISCELLANEOUS

Do you give permission for your child(ren) to use Sunscreen? Yes  No

Do you give permission for your child(ren) to watch PG movies? Yes  No

Does your child(ren) have any fears (e.g. animals, thunder, the dark)? No  Yes  **▶** If yes, please specify name of child and fear:

Please list any interests or hobbies that your child(ren) have to assist us when planning the program:

Is there anything else that the World4Kids educators should know about your child(ren)?

## BOOKING INFORMATION

PERMANENT BOOKINGS are for children who use the service on a weekly basis. Permanent booking are considered to be at least one session per week for an entire term or more. Any additional bookings added during the term that are not permanent will be charged at the casual rate. CASUAL BOOKINGS are bookings that do not fit into the above description.

CANCELLATIONS must be made one week prior to the scheduled date of attendance, otherwise the full fee will be charged.

I want to book my child(ren) in on a: Permanent Basis  **▶** complete the section below Casual Basis

## PERMANENT BOOKING INFORMATION

Please specify the days you require care:

TERM	START DATE	BEFORE SCHOOL CARE	AFTER SCHOOL CARE	OFFICE USE ONLY
<i>Term 1 (example)</i>	<i>10/02/2011</i>	<i>Monday and Thursday</i>	<i>Monday to Friday</i>	

## CHILD CARE BENEFIT / RE-

A type of rebate that you can receive on the fees you pay  
To ensure that we apply your Child Care Benefit / Rebate to your fees, you must contact Centrelink on 13 61 50 to make sure they have your correct name and D.O.B. for both the parent and child who are registering for Child Care Benefits / Rebate.

Do you have another child in care (e.g. Long Day Care)?

## METHOD OF PAYMENT

Administration Fee (once only): \$2.20 Bank Account Transaction Fee: \$0.88 Credit Card Transaction Fee: VISA/MasterCard: 1.87% (Min \$0.88)

I/We authorise and request Ezidebit Pty Ltd ACN 096 902 813 ("Ezidebit") to debit payments from my/our account, as specified below, at intervals and amounts as directed by World4Kids Pty Ltd ("The Business") as per the Terms and Conditions of my agreement with the Business and in accordance with this Direct Debit Request and the Ezidebit DDR Service Agreement (Ver 1.5).

### CHOOSE YOUR PAYMENT METHOD:

**NOTE: If payments decline, an Ezidebit dishonour fee applies.**

Debit from Credit Card VISA  Mastercard

Card Number                  
Expiry Date  /   
Name of Cardholder

By signing this form, I/We authorise Ezidebit, acting on behalf of the Business, to debit payments from my specified Credit Card above and I/We acknowledge that Ezidebit will appear as the merchant on my credit card statement. Furthermore, I/We agree to reimburse and indemnify Ezidebit for any successful claims made by the Card Holder through their financial institution against Ezidebit.

### Debit from Bank, Building Society or Credit Union Account

Financial Institution  Branch   
BSB Number  -  Account Number            
Account Holder Name

I/We authorise Ezidebit Pty Ltd ACN 096 902 813 to debit my/our account at the Financial Institution identified above through the Bulk Electronic Clearing System (BECS) in accordance with the Debit Arrangement stated above and this Direct Debit Request and as per the Ezidebit DDR Service Agreement (Ver 1.3).

This Authorisation is to remain in force in accordance with the terms and conditions on this Direct Debit Request, the Ezidebit DDR Service Agreement (Ver 1.5) and I/We have read and understand same.

Signature(s) of Nominated Account  DATE  /  /

# TERMS AND CONDITIONS

I \_\_\_\_\_ (Print Full Name)

1. accept that World4Kids is not liable for personal injury, property damage or loss sustained by any participant as a result of his or her participation in the program unless caused by proven negligence of 'World4Kids', its director or employees.
2. understand that if my child(ren) continuously demonstrates inappropriate behaviour after guidance procedures have been followed, I will be notified and my child(ren) may be removed, suspended for a period to be determined or excluded permanently from the Service.
3. I give the Approved Provider, Nominated Supervisor or Educator at the Service consent to implement my child's current medical management and Risk Plans for my child if applicable with respect to their additional need, allergy, medical condition, specific health care need, Asthma or Anaphylaxis
4. agree if my child(ren) health/medical needs change, I will provide Educators with the details on the medication forms provided.
5. acknowledge that my child(ren) will not attend the service if suffering from an infectious or communicable disease as identified by the Department of Health.
6. Please tick here if you do not give World4Kids permission to take photos/video of your child(ren) for promotional material.
7. have viewed a copy of the World4Kids Parent Information Booklet and agree to it's contents. (This document can be accessed on our website)
8. understand that the World4kids Policy and Procedure Document is on display and available for my viewing on request.
9. agree to pay any expenses incurred for medical treatment and transportation for my child(ren)
10. agree to maintain our fees as per the services fees policy. Where an Ezidebt (Direct Debit) arrangement has been entered into, I/we authorise the service to make withdrawals from my/our nominated bank account or credit card as specified in the direct debit section completed.
  - I/we acknowledge that such withdrawals may include amounts representing any arrears that are owing.
  - acknowledge that this enrolment information may be used for the purpose of debt recovery.
  - agree to pay all debt recovery expenses incurred by the World4Kids program.
  - accept fees are subject to change with consultation with the school.
  - I agree to read and agree to the DDR service agreement provided to me
11. understand that my child(ren) can be removed from the program as a result of unpaid debt.
12. declare that the information provided above is true and correct and I have provided Centrelink with the same information. I will promptly inform the service in the event of any changes to this information.
13. am responsible for giving this information to Centrelink.
14. understand that if any details are incorrect then full fees are payable by me for use of the service until the details are corrected by Centrelink.
15. accept World4kids changes a late pick up fee per 15 minutes or part there of to cover Educator wages. For non collection of a child after the advertised close time. Please note CCB can not be claimed for this fee. Please see service for current fee. I will be notified that payment of this fee is required.
16. World4kids reserves the right to amend Terms and Conditions.
17. By Signing these Terms and Conditions I declare and confirm:
  - All information I have provided in this enrolment form is true and correct; and
  - I am a parent of the child(ren) and a person with parental responsibility in relation to the child(ren) referred to in the enrolment form; and
  - I agree for both my child(ren) and I to comply with the services policies and procedures; and
  - I have read, fully understand and agree to comply with the above Terms and conditions.

## AUTHORISATION (Regulation 161)

Below is an authorisation that must be signed by a parent or person named in the enrolment form as authorised to consent to medical treatment of the child(ren) and provide consent for the child(ren) to be taken outside of the Education and Care Service Premises.

I \_\_\_\_\_ authorise the approved provider/Nominated Supervisor or an Educator to seek;

1. \_\_\_\_\_ Medical treatment for the child(ren) from a registered medical practitioner, hospital or ambulance service
2. \_\_\_\_\_ Transportation of the child(ren) by an Ambulance Service
3. \_\_\_\_\_ Consent to the child(ren) being taken out of the Education and Care Service for the purpose of an Excursions. By Means determined by Worl4kids, this predominately includes bus travel. (Parents will be notified before this occurs.)

\*\*Please note Under Regulation 93 (b) (ii) an oral authorisation from a registered medical practitioner or an emergency service is acceptable if the authorising person can not reasonably be contacted in the circumstances and Regulation 94 States that despite regulation 93.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Confidentiality of enrolment records

The proprietor of World4Kids will ensure that information in the enrolment record is not divulged to another person unless necessary for the education or care of the child, to manage medical treatment of the child, where expressly authorised by the parent. Taken from Commonwealth Privacy Act 1988 as set out in Education and Care Services National Regulations Reg 195 and Education and Care services National Law Section 263

## Definitions

\***A Parent** - includes a guardian of the child and a person with parental responsibility for the child under a decision or court order. Parental responsibility is a term defined under section 61C of the Family Law Act 1975, which means "all the duties, powers, responsibilities and authority which, by law, parents have in relation to children".

\***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. See Section 170 (5) of the Law.

\***Parenting Order** - means a parenting order within the meaning of section 64B (1) of the Family Law Act 1975 (Commonwealth)

\***Parenting Plan** - means parenting plan within the means of section 63C (1) of the Family Law Act 1975 includes a registered parenting plan within the meaning of section 63C (6) of that Act.

**Office Use Only** This section is for office use only \*if applies **Date & √/ ×**

**Date & √/ ×**

<b>All sections of Enrolment Form completed</b>		<b>Authorisation Signed by Parent</b>		
<b>Correct CRN and DOB for each family member</b>		<b>DDR service agreement given to parent</b>		
<b>Additional Contacts completed (minimum 2)</b>		<b>* Custody Information completed and attached</b>		
<b>Copy of Immunisation attached for each child</b>		<b>* Medical Management plan attached</b>		
<b>Direct Debit Information completed</b>		<b>* Risk Management Plan completed with family</b>		
<b>Terms and conditions Signed</b>		<b>* Communication Plan completed</b>		

Manager accepting enrolment: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_