

Belmont Oasis Childcare

Enrolment Form 2019

Before & After School Care 2019, Holiday Program Dec18/Jan19, April 19, July 19, Sept/Oct 19

Your enrolment is subject to approval by the Childcare Manager.
The information given on this form must be accurate & completed in full.

The following information is confidential. Please ensure that you notify us of any changes of address or phone numbers.
Booking forms must also be completed for placements

Date: ___/___/___

School child/ren attends: _____

CHILD/RENS DETAILS:

Surname	Given Name	Childs CRN (childcare benefit & tax purposes)	Date of Birth	Age	Male/ Female	Grade at school
1.						
2.						
3.						

Is English the primary language spoken at home? Yes / No If no please specify _____
Are the above children of Aboriginal or Torres Strait Islander decent? Yes / No

PARENT/GUARDIAN 1

*First Name: _____ *Surname: _____ *DOB: ___/___/___

*Parent CRN: _____ *Relation _____ Driver license Number: _____

*Residential Address: _____

*Work Address: _____

Phone: *(mobile) _____ *(work) _____ (other) _____

*Email Address _____

PARENT/GUARDIAN 2

First Name: _____ Surname: _____ DOB: ___/___/___

Parent CRN: _____ Relation _____ Driver license Number: _____

Residential Address: _____

Work Address: _____

Phone: (mobile) _____ (work) _____ (other) _____

Email Address _____

- **Children's Address** (Leave blank if same as parent/guardian 1) _____

- Are there any **Family Court orders** affecting custody of, or access to the child/ren? YES / NO

If yes, please give details and a copy must be provided: _____

- Current Immunisation Record Attached: YES / NO / or, Previously submitted
(Please circle)

EMERGENCY CONTACTS (Name of 2 people who may be contacted any time if parent/guardians unavailable)

1. *Full Name: _____ (r/ship) _____
 Phone: *(daytime contact) _____ (work) _____
 *Address: _____
2. Full Name: _____ (r/ship) _____
 Phone: (daytime contact) _____ (work) _____
 Address: _____

AUTHORISATION TO COLLECT YOUR CHILD/REN

In order that staff know who is authorised to collect your child/ren from the Centre please complete the following. Please note that we will not (under any circumstances) allow any person to collect your child/ren other than those listed below. Alternate arrangements will only apply where proper notification from you in writing is received on that particular day.

- *Is parent/guardian 1 an authorised collector **yes/no**
 *Is parent/guardian 2 an authorised collector **yes/no**
 *Is emergency contact 1 an authorised collector **yes/no**
 *Is emergency contact 2 an authorised collector **yes/no**

ADDITIONAL COLLECTORS

1. Name of person: _____ Relationship: _____
 Phone Number: _____
2. Name of person: _____ Relationship: _____
 Phone Number: _____

I give permission for the above persons to collect my child/ren from Belmont Oasis

*** Parent/ Guardian Signature:** _____

FAMILY DOCTOR

Name: _____ Medicare No: _____
 Phone: _____ Clinic Address: _____

PHOTO PERMISSION

I give permission for photos of my child/ren to be taken by Belmont Oasis Staff in childcare for centre display purposes & to be used for advertising.

Yes / No *Parent/ Guardian Signature: _____

***DIETARY INFORMATION**

Are there any dietary requirements for your child/ren for medical, cultural or religious reason?
 A dietary information form may need to be completed.

CHILD 1	CHILD 2	CHILD 3
_____	_____	_____
_____	_____	_____
_____	_____	_____

MEDICAL INFORMATION

Are there any medical, physical conditions, disabilities or behavioural concerns which your child/ren suffers?

Please complete below – please include severity of conditions and treatments required:

MUST BE COMPLETED	Child 1	Child 2	Child 3
Does your child have medical and/or behavioural issues ? If yes specify medical condition: A medical form must be completed	Yes / No _____ _____	Yes / No _____ _____	Yes / No _____ _____
Does your child require medication ? If yes specify medication:	Yes / No _____ _____	Yes / No _____ _____	Yes / No _____ _____
Does your child self-administer medication ? e.g. for asthma Relevant forms must be completed	Yes / No	Yes / No	Yes / No
Does your child have allergies ? If yes specify allergy:	Yes / No _____ _____	Yes / No _____ _____	Yes / No _____ _____
Are they at risk of anaphylaxis ? A allergy or anaphylaxis action plan must be completed	Yes / No	Yes / No	Yes / No
We regret that we are unable to care for sick children or children with contagious illnesses . All items required to support your child's health needs must be provided for all days your child is in care. (eg. Medication)			

Payment options

Belmont Oasis OSHC require payment of all account 2 weeks in advance. All accounts will be emailed to the first contact on the enrolment unless otherwise requested.

Please select your preferred payment option

- I would like to sign up for direct debit
- Please continue my direct debit as previously arranged
- I wish to make a change my direct debit
- I will pay my account on site (cash or EFTPOS)

Please note: A \$20 advanced fee payment is required with all new enrolments.

CONDITIONS

By enrolling my child/ren in the Belmont Oasis Leisure Centre Childcare Programs, I agree to the following conditions:

1. I give permission for my child/ren to be transported to or from their school to the Before & After School Hours Care Service at the Belmont Oasis Leisure Centre by either private charter bus or the Centre's van.
2. When no bus/van is available, I give permission for my child/ren to be transported by staff members in private vehicles, or walked to or from school with a Belmont Oasis staff member if the school/excursion is within walking distance to the centre.
3. I hereby agree that for excursions that are within walking distance from the centre, Belmont Oasis staff have permission to escort/walk my child/ren to and from the venue. Parental permission for all excursions which involve transport by vehicle to the excursion destination will be requested for each specific excursion, at which time full details of the excursion will be provided.
4. Belmont Oasis staff are authorised to take children on outings away from the centre as outlined in the brochure or information provided.
5. I am willing for my child/ren to participate in all activities offered at Belmont Oasis Childcare. I understand it is my responsibility to familiarise myself with the program and to advise the Centre in writing if I do not wish my child/ren to participate in a particular activity.
6. In the event of accident or illness suffered by my child/ren, the organisers of the Belmont Oasis Leisure Centre Childcare are authorised to obtain, on my behalf, such medical assistance as my child/ren may require and I agree to reimburse the organisers for any expense incurred.

7. Although every care will be taken, Belmont Oasis Leisure Centre Staff are free from all responsibility for accidents or loss of property in connection with any child's participation.
8. I hereby agree to my child to be photographed and observed for the purpose of programming and program evaluations (these photos will not be used for any other purpose without written consent).
9. I hereby agree to my child being recorded in centre for security purposes.
10. I hereby agree to adhere to all policies as outlined in the parent handbook.
11. Belmont Oasis Leisure Centre reserves the right to suspend or expel children from the centre for misbehaviour that is deemed inappropriate. NOTE: in the event of suspension or expulsion from the Program, it is the parents' responsibility to have the child collected immediately. No monies will be refunded for days paid for the remainder of that week following suspension or expulsion from the Program.
12. I give permission for my child to be included in online portfolios to document learning and interests.
13. Belmont Oasis Leisure Centre reserves the right to refuse any person entry to the Childcare programs as decided by Belmont Oasis Leisure Centre Management.
14. I agree to pay any fees or charges I incur while my child/ren attends Belmont Oasis.
15. I hereby give permission for 3rd parties to receive my information in regards to my account if payments are not made.
16. I understand that all changes and cancellations must be made in writing 7 days prior to avoid charges.
17. I understand that late payment of fees may result in additional charges.

DECLARATION

I declare that the information above is complete and accurate, and I have read, understood and agree to the conditions outlined above.

I understand and agree that all times my child/ren shall be at my own risk and I will not hold Belgravia Leisure or its staff liable for any personal injury which may result to my child or loss of property except for any liability by Belgravia Leisure if it fails to render its services with due care and skill or supplies any material in connection with those services which is not reasonably fit for the purpose for which they are supplied.

*** Parent/ Guardian Signature:** _____ **Date:** ____/____/____

*** Parent/ Guardian Name:** _____

HELP US IMPROVE THE QUALITY OF OUR SERVICE FOR YOU AND YOUR CHILDREN

- + New families- Would you like to participate in an in centre orientation? Yes / No
- + We aim to include activities from a range of cultures. What is your family background? _____
- + What are the current interests of your child/ren? Please comment on their favourite activities and outings. _____
- + What else would you like us to add to the program to cater better to you and your children? _____
- + Do you have any talents, interests or suggestions that you would like to share with us to help make our program even better? _____
- + How did you hear about our Program? _____

Changes are made regularly to our programming to ensure continuous improvement. Our policies are reviewed on an annual basis so please read all information provided.

We always welcome your feedback to help us improve our services so please remember to utilise the comment box. Thank you for your time.