



KT OOSH Services

Quality Before & After School Care
ABN: 15 154 903 876

Head Office Phone: (02) 8814 7610
Head Office Postal Address: PO Box 3595, Rouse Hill NSW 2155

Our Lady of the Angels Primary School: ola@ktoosh.com.au
Ironbark Ridge Public School: irps@ktoosh.com.au
Rouse Hill Anglican College: rhac@ktoosh.com.au

Enrolment Form

Childs Name: _____

School attending: _____

Enrolling for Year: 2018 | 2019
(please circle)

Form enter into Qikkids	<input type="checkbox"/>		Staff Sign	
Action plans are provided and in date	<input type="checkbox"/>	N/A	Staff Sign	
Requested care has been entered & start date set	<input type="checkbox"/>		Staff Sign	
Risk Management Plans are completed	<input type="checkbox"/>	N/A	Staff Sign	
Immunisation History Statement provided & up to date	<input type="checkbox"/>	N/A	Staff Sign	
CCS enrol is activated & 'School Age' is correct	<input type="checkbox"/>		Staff Sign	
Email address is entered into survey monkey	<input type="checkbox"/>		Staff Sign	
Contact details are entered into contact list (Phone)	<input type="checkbox"/>		Staff Sign	
Bond & Admin fee is processed & noted on bond screen	<input type="checkbox"/>		Staff Sign	
Confirmation & welcome email sent to Parents/Guardian	<input type="checkbox"/>		Staff Sign	
Valid Birth Certificate Received	<input type="checkbox"/>		Staff Sign	

Office use only:

Parent/Guardian Details 1

CRN		Relationship to Child	
<i>NOTE: Only one Guardian has the CRN details. If you are unsure of your CRN (Customer Reference Number), please call the Family Assistance Office on 13 61 50.</i>			
First Name			
Surname			
Gender	Male / Female	Date of Birth	
Street Address			
Suburb		Postcode	
Mobile		Home No	
Email Address			
Occupation		Work No	
Work Address			
Suburb		Postcode	
Cultural Background			

Parent/Guardian Details 2

CRN		Relationship to Child	
<i>NOTE: Only one Guardian has the CRN details. If you are unsure of your CRN (Customer Reference Number), please call the Family Assistance Office on 13 61 50.</i>			
First Name			
Surname			
Gender	Male / Female	Date of Birth	
Street Address			
Suburb		Postcode	
Mobile		Home No	
Email Address			
Occupation		Work No	
Work Address			
Suburb		Postcode	
Cultural Background			

NOTE: Please make all information provided is clearly written and accurate. If you change or update these details during your enrolment it is a condition of your enrolment that you keep these up to date with us.

Child Care Subsidy Information

How many children will you be claiming child care benefit for?	
How many of these children will be attending our service in the enrolled year?	
How many of these children will be attending another child care service in the enrolled year?	

Child Details

School		CRN Number	
Surname			
First Name			
Gender	Male / Female	Date of Birth	
Child Resides with	Parent/Guardian 1 <i>(please circle)</i>	Parent/Guardian 2	Both
Cultural Background		Religion	
Aboriginal		Torres Strait Islander	
Primary Language spoken at home?			
Other Languages spoken?			
What year did your child start Kindergarten?			
What year group will your child be in?	Currently: Next Year:		
Has your child been immunised?	Yes/No		
Is your child's immunisation up to date?	Yes/No		

If **yes**, please provide an Australian Childhood Immunisation (ACIR) Immunisation History Statement which shows the child is up to date with their scheduled immunisations.

If **no**, please provide an ACIR Immunisation Exemption Conscientious Objection Form which has been certified by an immunisation provider and or parent/guardian or an ACIR Immunisation Exemption Medical Contraindication Form which has been certified by an immunisation provider.

Has your child has any of the following: Yes No If Yes, please circle below;

Mumps	Chicken Pox	Measles	German Measles
Hepatitis	Ear Infections	Throat Infection	

NOTE: Children enrolling in child care must provide continuing proof of current immunisation status. Failure to provide this proof will mean that your child will not attend the centre if there is an outbreak of vaccine preventable diseases.

Court Orders

Are there any court orders, parenting orders or parenting plans to the powers, duties, responsibilities or authorities of any person in relation to the child or access to the child, including the residence of the child or the child's contact with a parent or another person? Yes No

If yes, please give current details and provide a copy of any court orders and attach a photograph of any person who may have an AVO against the child or the family.

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Persons Nominated to collect your child from the service

Please list the details of any person you authorise to collect your child from the service. Please be sure to provide their ID number (e.g. Drivers Licence/Passport). Guardian 1 & Guardian 2 are automatically authorised to collect the child from the centre.

Nominee Contact 1

First Name		Surname	
Street Address			
Suburb		Postcode	
Mobile		Home No	
ID Number		Form of ID	
Relationship to Child			

Nominee Contact 2

First Name		Surname	
Street Address			
Suburb		Postcode	
Mobile		Home No	
ID Number		Form of ID	
Relationship to Child			

In the case of an emergency, Educators will make every attempt to contact Parents/Guardians. However, if this is unsuccessful you are asked to provide details below of any two persons who can act on your behalf. Persons marked below will be able to authorise the Approved Provider, Nominated Supervisor or Educator to:

1. Give consent and authorise to administer medications to your child
2. Give consent and authorise to seek medical treatment to your child from a registered practitioner, hospital or ambulance service
3. Give consent and authorise transportation by an ambulance service
4. Give consent and authorise to take the child outside of the service Premises; and
5. Collect the child from the service

Nominee Contact 1 (as above)		Nominee Contact 2 (as above)	
First Name		Surname	
Street Address			
Suburb		Postcode	
Mobile		Home No	
ID Number		Form of ID	
Relationship to Child			

*Regulation 160 and 161 require the centre to have all requested contact information. Without an emergency nominated authorised person, we will be unable to accept your enrolment.

*Any authorised contact who is collecting a child from the service must provide photo identification.

Medical Information (1)

Family Medical Details

Please nominate your child's Doctor and Dentist who can be contacted in an emergency.

Childs Doctor/Medical Centre	
Full Address	
Contact No	
Child's Dentist/Dental Surgery	
Full Address	
Contact No	

Medicare and Private Health Fund Details

Medicare Card Number			
Child's No on Card		Expiry Date	

Private Health Fund			
Membership No		Contact No	

NOTE: Regulation 162 requires us to keep up to date with the child's medical practitioner/medical services information as well as Medicare Numbers and expires dates.

Is your child taking any regular medication?	YES/NO
If Yes, Name of Medication	
Date Medication is Administered?	
The dosage?	
Reason?	

NOTE: If your child requires the service to administer medication, you will be required to give written authorisation through an additional medication record form. Regulation 92.

Does your child experience any behavioural concerns or have a diagnosed behavioural condition that may require additional support whilst at the service?	YES/NO
<i>If YES please provide detailed information. These may include developmental delays or other diagnosis. (ASHD, Autism, Asperger's ADD, ODD). Please attach copy of diagnosis with this enrolment form.</i>	

NOTE: It is important that you advise of any medical/behaviour conditions so that the service is able to provide the best possible care to support their health and wellbeing whilst enrolled in our service.

Medical Information (2)

Has your child been diagnosed with Anaphylaxis?		YES/NO
Has your child ever experienced an Anaphylactic reaction?		YES/NO
If yes, what is your child allergic to?		
<i>Please describe symptoms that your child displays if they come in contact with the above.</i>		
Severity of reaction:	Severe	Moderate
		Mild
Date the allergies were last assessed with a medical practitioner?		___ / ___ / ____
Specialists name if different to Medical Practitioner previously mentioned above		
Action Plan Provided?		YES/NO

Has your child been diagnosed with Asthma?		YES/NO
<i>Please specify what causes or may trigger your child's Asthma</i>		
Severity of Asthma:	Severe	Moderate
		Mild
Does your child take a preventer regularly?		
Has your child ever been hospitalised for Asthma?		
Date asthma was last assessed by medical practitioner		___ / ___ / ____
Specialists name if different to Medical Practitioner previously mentioned above		
Action Plan Provided?		YES/NO

Does your child suffer from any allergies?		YES/NO
What is your child allergic to? <i>(Allergies include; food, medicines, animals, grasses, dust, pollen etc.)</i>		
<i>Please describe symptoms that your child displays if they come in contact with the above.</i>		
Severity of Asthma:	Severe	Moderate
		Mild
Date allergy was last assessed by medical practitioner		___ / ___ / ____
Specialists name if different to Medical Practitioner previously mentioned above		
Action Plan Provided?		YES/NO

Medical Information (3)

NOTE: It is the Parent/Guardians responsibility to ensure all required medications are provided to the service and remain up to date at all times. This also applies to EpiPen’s and Asthma Medication. Medication can only be administered if the Medical Practitioner or Chemist have clearly named the child and dosage on the label.

NOTE: Actions Plans must be signed by a Doctor within the last 12-months. The acceptable formatting for the Action Plans can be found on our website and is the ONLY format we accept.

Do you give authority for the centre to phone an ambulance in the case of a medical emergency?	YES/NO
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Are there any special considerations for your child?	YES/NO
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Please provide as much detailed information as you can

Dietary Requirements	
Cultural Requirements	
Religious Requirements (e.g. in the case of an emergency)	
Additional Needs	

NOTE: If your child has a special consideration that does not allow them to eat certain foods provided by the service, as we have children that have been diagnoses with Anaphylaxis, no other food is to be brought into the Centre. We will ensure that food that can be eaten by them is provided.

Does your child experience any physical or gross motor conditions that may require additional support?	YES/NO
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Please provide as much detailed information as you can

Does your child experience any speech delays or language conditions that may require additional support?	YES/NO
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Please provide as much detailed information as you can

Is your child currently receiving funding or is an application being processed for additional support?	YES/NO
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First Aid Administration (Basic)

A condition of enrolment is that you give permission for staff to apply basic First Aid as the First Aid Officer deems necessary. Below is a list of all products used by the service. Please circle either Yes or No if these products can be applied to your child.

Lucas Pawpaw Cream	YES	NO
Stingose	YES	NO
Dettol Antiseptic Liquid Solution	YES	NO
Dettol Cream	YES	NO
Bepanthen Cream	YES	NO
Reclens Saline Solution (to rinse eyes)	YES	NO
Burn Aid – Burn Dressing	YES	NO
Standard Band Aids	YES	NO
Variety of Bandages	YES	NO

<p>In a few words, tell us what your child's likes, dislikes, interests and abilities are: <i>e.g. Trains, Barbies, Car, Lego etc.</i></p>

Booking Requests

	Monday	Tuesday	Wednesday	Thursday	Friday
Before School Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After School Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would like permanent care to begin on				_____ / _____ / _____	

I would like to be enrolled for CASUAL CARE ONLY	<input type="checkbox"/>
I would like to be enrolled for VACATION CARE ONLY <i>(KT OOSH operates Vacation Care at both Rouse Hill Anglican College and Ironbark Ridge Public School)</i>	<input type="checkbox"/>
<p><i>*NOTE: Upon enrolment with KT OOSH you are automatically enrolled to use the service for casual care, emergency care and vacation care.</i></p> <p><i>*NOTE: Two weeks written notice via email is required when changing or cancelling permanent care.</i></p>	

NOTE: Our Family Handbook provides further information in regards to our operating hours and fee schedule for each service.

Privacy Statement

KT OOSH Services maintains records of children's attendance, health, family financial matters, such as fee payments, and the developmental records of each child as required by The Department of Education & Communities (DECS) legislative requirements.

All information is confidential and is only available to parents/guardians of the child/ren concerned, and by the request of DECS and FAO. Special requirement records will be kept, if notified by a parent, who may relate to a child's culture or religion or if the child has a disability or other special need. The specific needs of all children will be recorded.

The Centre will undergo Assessment periodically. This is a quality and improvement program. We encourage the involvement of students from various Early Childhood Learning Institutions, including University and TAFE. Students will become involved in observing your child, upon requests to the parents for permission.

Please tick to confirm you have read the privacy statement.

Terms and Conditions of enrolment

Drop Off and Pick Up – I understand that it is a condition of enrolment that when dropping off and collecting my child that I am required to sign my child in and out of the Centre. I also understand that if I am unable to do so myself, that I am to advise the centre in writing of the person I authorise to do so and that they will be required to show identification.

I understand that KT OOSH Services uses a digital sign in process called KIOSK and that myself and all other authorised persons to collect my child will be issued with a unique 4-digit PIN.

Absent Days – I understand that it is my responsibility to advise the Centre as early as practical if my child will be absent on a day that they have been booked in. I also understand that if I do not advise that my child will be absent I will be charged a non-notification fee.

Extra-Curricular Activities – I understand that if my child is to attend extra-curricular activities that I need to give written authority and permission for them to be signed out by the authorised person running that activity. I also understand that I must keep the Centre up to date with any changes and updates to these activities.

Medical – I understand that in the case of an emergency, illness or accident concerning my child and the Centre not being able to contact me, I consent the Approved Provider, Nominated Supervisor or Educator seeking on my behalf medical or hospital attention for my child and I accept liability for medical and/or ambulance expenses that may be incurred. Also, if after every reasonable effort to contact me has failed and the Doctor consulted considers it necessary or medication, anaesthetic or minor surgery he/she has my permission to administer the same. I understand that should emergency care be required, I authorise for my child to be transported in an ambulance.

Medication Administration – I understand that if my child develops a fever and requires paracetamol while attending the centre that I give permission for Educators to administer and age and weight appropriate dose of Panadol Children's Elixir 5-12yrs (Colour free). I understand that Educators will attempt to contact me prior but if this is not possible Educators will act in the best interest of my child. I understand that I will be required to sign the necessary medication form when I arrive at the Centre. I also understand that if my child has any allergy to Panadol Children's Elixir 5-12yrs (Colour free) that I have highlighted that already in this enrolment form where required.

Behaviour – I understand that socially acceptable behaviour by my child is a condition of their enrolment. I further understand that if my child's behaviour is or becomes unacceptable, and it cannot be managed by the Educators informally, I will be invited to meet with the Nominated Supervisor to discuss my child. In some cases, the Centre Supervisor request that my referral to an outside agency or medical practitioner for assistance that may become a condition of my child remaining enrolled at the Centre, and that my child may be excluded from the Centre for a period of time until their behaviour is within socially acceptable limits.

Sun Screen & Hand Sanitiser – I give permission for sunscreen and hand sanitiser to be used by my child whilst they are in care. I also understand that if my child has any allergy to either sunscreen or hand sanitiser that I have highlighted that already in this enrolment form where required.

Hand Washing – I understand that upon arrival and departure of the Centre I am required to wash my hands and my child's hands to minimise the spread of infections through the Centre.

Payment of fees – I understand that all fees are to made via Direct Debit each fortnight.

Non-Payment of Fees – I understand that if I do not have sufficient funds in my account and my fees bounce, I will be charged a dishonour fee. If my fees fall into arrears of 28 days, I understand it will be handed to a debt collection agency, and any additional costs to recover the debt will be at my expense.

Complying Written Agreement (CWA) – I understand that I will be required to sign a CWA agreement once my enrolment has been accepted between myself and KT OOSH Services.

Child Care Subsidy – I understand that it is a condition of my enrolment to provide information using my Centrelink online account through myGov who will determine my families level of subsidy.

Late Fees – I understand that If my child is collected after the centre closing time, late fees will apply and charged to my account in addition to the session fee.

Withdrawal Notice – I understand that 2 weeks' written notice is required if I wish to terminate my child's placement with the Centre.

Food – I understand that no food is to be brought into the Centre at any time due to some children's allergies to certain foods.

Excursions – I understand that as part of the education program I consent to my child being taken by Educators to places of interest within the School grounds (the car park area for experiences such as a visit from the local fire brigade or police station).

Vacation Care – I acknowledge that once I make a booking for vacation car that I am not entitled to any refunds or credits, should I cancel bookings (except under extenuating circumstances). I further acknowledge that I am unable to change the original days that have been book as Educators, activities and meals have already been accounted for.

Communication with the School – I understand that as a condition of my enrolment that I consent for Educators to have open communication with your child's School should it be required to ensure my child's health, safety and wellbeing.

Contact information – I understand that it is a condition of my child's enrolment that I will ensure that all current contact information including emergency contact numbers will always be kept up to date and that any changes or updates will be notified to the Centre prior to my child's next attendance.

Quality Improvement Plan – I understand that the Centre will make available to me at all times their Quality Improvement Plan and that I am able to add my suggestions etc in partnership with the Centre.

Centre Policies & Procedures – I understand that I can add to the Centre’s program, policies and procedures and philosophy at any time during my child’s enrolment. I understand that these are available at the Centre for review at all times.

Online programming system – I understand that KT OOSH Services uses a secure online programming system that educators will use to upload pictures of my child. I understand that this will allow Educators to write observations of my child in both individual and group settings.

I understand that only parents, guardians and educators can access this system by using an individually allocated Username and Password.

I further understand that:

- Photos will be taken of my child and displayed with the KT OOSH environment. I am aware that other organisations within the School Community that may have access to the same space that KT OOSH Services use and therefore may view these photographs whilst on the premises.
- Individual photos of my child will be taken and uploaded in the secure online programming website for parents and guardians only to view.
- Group photos of my child will be taken. These photos will be uploaded in the secure online programming website for ONLY THE PARENTS AND GUARDIANS OF THE CHILDREN IN THIS GROUP PHOTO to view. In addition to viewing the group photo the same Parents and Guardians will be able to read the journal activity. This journal activity may have my child’s name and initial of their surname in it.

Parking – I understand that where applicable all cars are to be parked in allocated car spaces and park rear to curb or parallel as is required. I also understand that I must supervise my child and any other children that I have with me, at all times, whilst moving to and from the parking areas.

Handwashing

By signing this form, I understand and agree to all of the acknowledgements, consents and terms of agreement in this form and as outlined in KT OOSH Services Policies and Procedures.

Guardian Signature:	
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Print Name:		Dated:	
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Guardian Checklist

All information is completed and correct.	
Terms and Conditions have been signed.	
If claiming Child Care Rebate – myGov account has been set up and linked with Centrelink CRN numbers have been provided and Dates of Birth for both the child and the parent that the child is registered to with Centrelink) (please refer to the link below if you have not already). https://www.humanservices.gov.au/individuals/services/centrelink/child-care-benefit/claiming#claimapproved	
Copy Birth Certificate attached.	
Copy Immunisation History Statements OR Exemption Form attached.	
A current photograph of the child is attached.	
<i>(if applicable)</i> Court Orders and photos of any restricted person attached.	
Direct Success Form is completed and attached.	
<i>(if applicable)</i> Medical Management Plan, Anaphylaxis/Asthma Action Plan and/or Risk Minimisation Plan	

Next Step

This form, along with any other applicable forms, including medical actions plans (with updated photo) & Immunisation History Statements need to be scanned and sent via email to KTOOSH. KT OOSH Services will then be in contact with you via email to confirm your enrolment has been received, notify you of a time this will be processed and to send a copy of our Family Handbook.

New students who commence care with KT OOSH at the beginning of the school year will be invited to attend a morning information session on site for you and your child to meet with our Team of Educators to begin the orientation process with you.

If you are starting during the year, an individual time will be scheduled to meet with our Team of Educators as described above.

IMPORTANT: Unfortunately, until we receive all information and documentation required below we will be unable to enrol your child into our Service.