



KT OOSH Services

Quality Before & After School Care

ABN: 151 5490 3876

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

Phone: (02) 8814 7610

Fax: (02) 9672 6922

2016 Re-Enrolment Form

Child Name: _____

School: _____

Office Use Only

<input type="checkbox"/>	Updated in Qikkids, Bond Invoiced & Email Sent		Staff Sign	
<input type="checkbox"/>	Asthma Action Plan/Anaphylaxis Action Plan/Allergic Reaction Plan	Req / Not Req	Staff Sign	
<input type="checkbox"/>	Risk Management Plan	Req / Not Req	Staff Sign	
<input type="checkbox"/>	Immunisation History Statement		Staff Sign	
<input type="checkbox"/>	EziDebit Form		Staff Sign	
<input type="checkbox"/>	CCMS Enrol / Is School Age		Staff Sign	
<input type="checkbox"/>	Bond Added to Bonds Screen in Qikkids		Staff Sign	
<input type="checkbox"/>	Additional Documentation		Staff Sign	

Parent/Guardian Details

It is important to keep your contact details up to date for KT OOSH at all times in case of an emergency!

Mother's Details

Name: _____

Have any details changed for guardian one in the last 12months? Yes ☐ No ☐

These details could relate to:

- Occupation / Work details
- Home / Work or Mobile Numbers
- Home address
- Email address

If Yes, Please provide updated details below:

Father's Details

Name: _____

Have any details changed for guardian two in the last 12months? Yes ☐ No ☐

These details could relate to:

- Occupation / Work details
- Home / Work or Mobile Numbers
- Home address
- Email address

If Yes, Please provide updated details below:

Child's Residence

Does the child reside with:

Guardian 1 ☐ Guardian 2 ☐ Both ☐ Other

Please write all information clearly and ensure all info is accurate

Guardians are to remember to update the service immediately if any contact information changes.

Person's Nominated to Collect your child from the service

Please list the details of any persons you authorise to collect your child from the service.

Nominee Contact 1			
Surname		First Name	
Address & Suburb			
Relationship to Child			
ID Number			Form of ID
Phone 1		Phone 2	

Nominee Contact 2			
Surname		First Name	
Address & Suburb			
Relationship to Child			
ID Number			Form of ID
Phone 1		Phone 2	

Emergency Person Authorisation

In case of an emergency Educators will make every attempt to contact Guardians. However, if this is unsuccessful you are asked to provide details below of any two persons who can act on your behalf. Person's below will be able to

1. Give consent to the service to administer medications
2. Give consent to the service to seek medical treatment for your child.
3. Collect the child from the service

Emergency Authorised Person			
As Above	Contact # 1	<input type="checkbox"/>	Contact # 2 <input type="checkbox"/>
Surname		First Name	
Address			
Relationship to Child			
ID Number			Form of ID
Phone 1		Phone 2	

Guardian 1 & Guardian 2 are automatically authorized to collect children from the service

Regulations require the service to have all requested contact information. Without an emergency nominated authorized person your enrolment will be unsuccessful

Any authorized contact who is collecting a child from the service must show photo identification upon staff request.

In the case of an emergency we always attempt to contact Guardians first, followed by the emergency authorised person

A Drivers License number is an example of acceptable ID Number (ID Must include a photograph)

Requested Sessions for 2016

Would you like your care arrangements for 2016 to remain as per your current 2015 arrangement with KTOOSH?

Yes ☐ No, I would like to request to change them effective from 1st Jan 2016 ☐

If changing please tick requested sessions below

I would like Permanent Care on (please tick)					
	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"/>
Is this care on a weekly or fortnightly basis? (please tick)					
Weekly <input type="checkbox"/>			Fortnightly <input type="checkbox"/>		
Please note that services charges will commence Term 1, Day 1 2016					

I would like to be registered for Casual Care	<input type="checkbox"/>
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I would like to be registered for Emergency Care	<input type="checkbox"/>
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I would like to be registered for Vacation Care ONLY	<input type="checkbox"/>
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Two weeks written notice via email is required when changing or cancelling permanent care.

When enrolled with the service you are automatically enrolled to use the service for casual care, emergency care and vacation care

Child Care Benefit Information

Do you have other children attending another approved <u>childcare service</u> on a permanent basis? I.e. Siblings	Yes <input type="checkbox"/> No <input type="checkbox"/>
How many permanent days do they attend care each week?	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>
How many <u>other</u> children do you have attending childcare?	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>

UPDATED Medical Information

Is there any medical requirements or information relating to your child that has changed in the last 12 months? This includes any new information and may relate to;

NOTE: An updated Action Plan where applicable is required to be produced every 12 months

- Anaphylaxis
- Asthma
- Allergies (Additional or no longer allergic)
- Any medical conditions such as diabetes
- Speech or language delay or conditions
- Physical or gross motor delays
- Behavioural concerns including diagnosed behavioural conditions
- Any regular medication your child is taking
- Any dietary requirements
- Any cultural requirements

Yes ☐ No ☐

If YES, please detail changes or new information below:

Updated Custody Details

Have any custody details relating to your child changed in the last 12 months?

Yes ☐ No ☐

If YES, details and appropriate paperwork need to be provided to the service immediately

It is important that the service is kept up to date with all medical information regarding your child. If anything changes throughout the year please email the service to advise and update our records.

The service is unable to enforce any custody arrangements or instructions without a copy of the relevant court orders being provided.

UPDATED Family Medical Details

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

Alternatively, you can tick if you consent to KT OOSH Services contacting the following local Medical & Dental Surgery in case of an emergency for your child

Rouse Hill Medical & Dental Centre (First available Doctor/Dentist) ☐

10-14 Market Lane, Rouse Hill NSW 2155, Australia

(02) 8889 8900

*Don't forget the
Doctor's
Address! This is
required due to
regulations!*

Childs Doctor / Medical Centre	
Address & Suburb	
Dr / Centre Phone Number	

Childs Dentist / Dental Surgery	
Dr / Surgery Phone Number	

Communication with the School - Consent

As a condition of enrolling with KT OOSH Services you are required to consent for KT OOSH Services to have open communication with your child's school should it be required to ensure your child's health, safety & wellbeing. By signing below you are acknowledging you understand this.

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UPDATED Photo Permission – Consent

KT OOSH Services offer a secure online programming system. Educators use this system to upload photos of your child taken whilst at KT OOSH. This system also allows Educators to write observations of your child in an individual and group setting.

Guardians and Educators ONLY can access this system by using an individually allocated Username and Password. (These are emailed to Guardians). This system is NOT available to anyone other than KT OOSH approved persons (Educators and Guardians).

By signing below you are giving consent for the following:

1. Photos to be taken of my child and displayed within the KT OOSH Environment.
* Please be aware that other organisations within the community may have access to the same KTOOSH space and therefore may view these photographs whilst on the premises.
2. Individual Photos of my child to be taken. These photos are uploaded in the secure online programming website for Guardians only to view.
3. Group photos of my child to be taken. These photos are uploaded in the secure online programming website for ONLY the Guardians of the children in this group photo to view. In addition to viewing the group photo the same Guardians will be able to read the observation. This observation may have your child's first name and initial of their surname written in the observation.

Guardian Sign to consent to the above Photography permission:

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Guardian Signature

By signing this form I agree to all the acknowledgements, consents and agreements as indicated in this document and outlined in KT OOSH Policies and Procedures. I also agree that all information provided is true and correct

Guardian Signature:			
Print Name:		Date	/ /

Forms cannot be processed without signatures being provided