



# KT OOSH Services

Quality Before & After School Care

ABN: 151 5490 3876

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## 2017 Re-Enrolment Form

Child Name: \_\_\_\_\_

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

Office Use Only

Any changes are updated in QK	<input type="checkbox"/>	NA	Staff Sign	
Action Plans are In date	<input type="checkbox"/>	NA	Staff Sign	
Attendance is ended for 2016 & activated for 2017	<input type="checkbox"/>		Staff Sign	
Risk Management Plans are completed	<input type="checkbox"/>	NA	Staff Sign	
Immunisation History Statement up to date	<input type="checkbox"/>	NA	Staff Sign	
CCMS enrol & 'School Age' is correct	<input type="checkbox"/>		Staff Sign	
Email address is correct in survey monkey	<input type="checkbox"/>		Staff Sign	
Contact details are correct in contacts cards (Phone)	<input type="checkbox"/>		Staff Sign	
\$300 Bond is processed & noted bonds screen	<input type="checkbox"/>		Staff Sign	
Confirmation email sent to Parents	<input type="checkbox"/>		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! These details may relate to:***

- Changing Jobs?
- Moving House?
- New Phone numbers?
- New Email address?

### **Guardian ONE's Details**

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

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

If Yes, Please provide updated details below:

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### **Guardian TWO's Details**

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

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

If Yes, Please provide updated details below:

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## **Emergency Person + Person's Authorized to Collect your child**

Have any details changed for these persons in the last 12 months? Yes ☐ No ☐

If Yes, Please provide updated details below:

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**PLEASE NOTE:** If you wish to change or check your emergency contact person OR the person's listed to collect your child please email the service.

*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.*

*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)*

## Child's Details

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

Have any details changed for this child in the last 12 months? Yes ☐ No ☐

**These changes may relate to any of the following:**

- Anaphylaxis / Asthma – New illnesses' or no longer present?
- Allergies – New allergies or no longer present?
- 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
- Living arrangements
- Custody details
- **Changes to child's current Doctor or Dentist**

If Yes, Please provide updated details below:

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Has your child seen a therapist, psychologist or pediatrician in the last 12 months?

Yes ☐ No ☐

If Yes, Please provide updated details below:

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## Requested Sessions for 2017

Your child's current attendance **AS OF the last day of Term 4, 2016 WILL REMAIN THE SAME for 2017** This will be effective from the First day of Term 1, 2017.

Do you wish to change your child's care for 2017? Yes ☐ No ☐

**PLEASE NOTE:** If you wish to adjust or change your child's attendance for 2017 please continue & complete the next page.

*To assist the services to provide the best possible care for your child please be sure to keep us informed of any changing health information relating to your child.*

*Two weeks written notice via email is required when changing or cancelling permanent care.*

**\*\* ONLY COMPLETE THIS SECTION IF CHANGING CARE \*\***

**In 2017 I would like to request my child's attendance be changed to the following sessions**

I would like <b>Permanent Care</b> 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"/>		
<b>Please note that attendance charges will commence Term 1, Day 1 2017</b>					

I would like to be registered for <b>Casual Care</b>	<input type="checkbox"/>
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I would like to be registered for <b>Emergency Care</b>	<input type="checkbox"/>
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I would like to be registered for <b>Vacation Care ONLY</b>	<input type="checkbox"/>
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**Guardian Signature**

By signing this form I agree that all information provided to KT OOSH Services is true and correct. I also agree to continue to abide by all KT OOSH Policies and Procedures & understand that all policies and procedures can be viewed at anytime on site.

Guardian Signature:			
Print Name:		Date	/ /

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

*Please note that OOSH Fees are payable for all public holidays and pupil free days.*

*Forms cannot be processed without signatures being provided*

