



OUTSIDE SCHOOL HOURS CARE 2018

Enrolment forms must be completed in full and returned either via email or in person. A separate enrolment form is required per child.

In order to secure a position, the following must be provided:

- ❖ Booking for orientation day
- ❖ Child's birth certificate
- ❖ Child's immunisation record from Medicare
- ❖ Completed direct debit form
- ❖ Administration fee of \$30 (once per family)
- ❖ Bond fee of \$200 (for After and Before School Care ONLY)

Please note that an additional fee of \$10 will be charged for casual entries (if vacant). This fee does apply to children with permanent bookings.

Documentation can be returned via email or in person.

A confirmation email will be sent once all required documentation and the booking for the orientation has been received. The email will include information regarding the starting date and payment statements. You are welcome to visit us during trading hours for a short orientation with our coordinator.

INCLUDED SCHOOLS

- ❖ OLA
- ❖ St. Ambrose
- ❖ Strathfield North Public
- ❖ Concord West Public
- ❖ Newington Public
- ❖ Wentworth Point Public

EXTRACURRICULAR ACTIVITIES

4:00PM-5:00PM

- ❖ WEDNESDAY – Bowling \$10
- ❖ THURSDAY– Cooking Class \$15
- ❖ FRIDAY – Karate \$10

DAILY FEES (CCB AND CCR APPLY)

- ❖ Before School Care- \$25
- ❖ After School Care- \$40
- ❖ Combined BSC&ASC- \$62
- ❖ Vacation Care- \$80
- Optional lunch orders for \$5

1 GEORGE STREET NORTH STRATHFIELD 2137

☎ 02 9746 5255

✉ info@shinystarplaycentre.com.au

Enrolment Form



OSHC ENROLMENT FORM AND AGREEMENT

Please print clearly & provide Birth Certificate & Immunisation Statement on enrolment. Your child will NOT be enrolled until every section of this form is completed and signed where required. Emergency contacts & Authorised collectors listed on page 4, requires their signature.

Child's full name: _____ Child's gender: **M / F**
Child's former name: _____ Child's preferred name: _____
Child's Address: _____ Postcode: _____
Child's Date of Birth: _____ Age: _____ Language spoken at home: _____
Child's CRN: _____ Immunisation Current: **Yes/No** Commencement Date: _____
Medicare Card Number: _____ Child's Number on Medicare Card: _____
Cultural Background: Aboriginal Torres Strait Islander Australian Other: _____

Parent/ Guardian Details:

Parent/Guardian 1:

Name: _____ Date of Birth: _____ Former name: _____
Address: _____ Parent CRN: _____
Phone: H _____ W _____ Mob _____
Email _____
Language spoken at home: _____ Ambulance Cover: **Yes/No**
Health Fund _____ Occupation: _____
Days and Hours of Normal Work: _____ Employer Name: _____
Employer Address: _____
Cultural Background: Aboriginal Torres Strait Islander Other: _____

Parent/Guardian 2:

Name: _____ Date of Birth: _____ Former name: _____
Address: _____ Parent CRN: _____
Phone: H _____ W _____ Mob _____
Email _____
Language spoken at home: _____ Occupation: _____
Days and Hours of Normal Work: _____
Employer Name: _____
Employer Address: _____
Cultural Background: Aboriginal Torres Strait Islander Other: _____



Other details about your child:

What school is your child attending? _____

My child will need to utilise the OSHC bus to be dropped off or picked up from school? **Yes/No**

Is your child currently attending another OSHC centre as well as Shiny Star OSHC? **Yes/No**

Communication:

All correspondence about the Centre is preferred to be emailed to all families.

Do you require a printed Account? **Yes/No**

Do you require a printed Newsletter? **Yes/No**

Permissions

Bus: I authorise Shiny Star Outside School Hours Care to transport my child by bus. **Yes/No**

Excursions/Incursions: I authorise Shiny Star Outside School Hours Care staff to take my child on any routine excursion/Incursion within Shiny Star , e.g. trips to party rooms, guest speakers. A risk assessment will determine child:staff ratios, and also notice will be given for e.g. *Ratios: 1:15* **Yes/No**

Foreign Substances: I authorise Shiny Star Outside School Hours Care staff to apply/reapply sunscreen, lotions and repellents to my child's skin when necessary **Yes/No**

Birthdays: At times, children may bring cupcakes along to celebrate with their friends (cakes should NOT include NUTS). I give permission for my child to share birthday cupcakes **Yes/No**

Photographs and publicity: I give permission for the centre to take and use photographs of my child in the below categories (please tick). **Yes/No**

All Forms of Media None Studying Students

Permission to Share Information: I give permission for Shiny Star OSHC to share developmental information with any relevant educational body, i.e. Inclusion Support, Early Intervention, and Prospective Schools. **Yes/No**

Information about custody of your child:

Who has legal custody of the child? Both Parents Parent 1 Parent 2 Other _____

Are court orders, parenting orders or parenting plans in place for your Child? _____

IF YES: YOU MUST SUPPLY A COPY ON ENROLMENT

(Please note: It is the parent's responsibility to ensure that these documents are updated in writing at all times).

Is there any other information about the child's living arrangements that we need to know about:

Does your child have any siblings? **Yes/No**

Does your child have any siblings attending a Long Day Care or an OSHC centre? **Yes/No**

IF YES, TO CLAIM THE MULTI CHILD DISCOUNT, FILL IN THE RELEVANT INFORMATION BELOW



Full Name	Gender	Age	Name of School/ Child Care/OSHC

Please indicate the days you wish your child to attend and the week your children will be attending

	Monday	Tuesday	Wednesday	Thursday	Friday
BEFORE SCHOOL CARE					
AFTER SCHOOL CARE					

Does your child have any needs in regards to their ability/health that we should know about to provide them with the highest standard of care possible?

- None
- Allergies/ Anaphylaxis:
- Additional Needs (please specify) **Yes/No** _____

If yes, what services does your child access for support?

- Asthma:
- Dietary Restrictions: _____
- Has your child ever been diagnosed with Diabetes? **Yes/No**
- Other: _____

Does any of the above needs require a management or minimisation plan? **Yes/No**

(If yes, please supply copy on enrolment. Please note: It is the parent's responsibility to ensure that these documents are updated in writing at all times and supply the service with up-to-date medication. This includes Epipen's, Ventolin etc).

IF YES: YOU MUST SUPPLY A COPY ON ENROLMENT

(Please note: It is the parent's responsibility to ensure that these documents are updated in writing at all times and supply the service with up-to-date medication. This includes Epipen's, Anapen's, Ventolin etc.).

Has your child ever suffered from a serious illness, injury or required hospitalisation? **Yes/No**

Is your child currently taking a long term medication? **Yes/No**



I, _____ consent & authorise the staff of Shiny Star OSHC to administer medication for allergies should this be considered necessary.

Parent/Guardian

Signature: _____ **Name:** _____ **Date:** _____

Panadol/Medical/Dental Permission:

I, _____ authorise the staff of Shiny Star OSHC to seek emergency medical or dental treatment for my child should they consider it necessary, (including the administration of an age appropriate dosage of liquid paracetamol).

Parent/Guardian

Signature: _____ **Name:** _____ **Date:** _____

Immunisation

Are your child's immunisations up to date? **Yes/No**

Note: Your child's immunisation history will need to be provided to the centre and updated at all times. If your child is unimmunised and you have a conscientious objection letter from your doctor, please make a copy available upon enrolment.

Parents please note: When a vaccine preventable disease is present or suspected at the Centre, children who the centre **DOES NOT** have a complete record of immunisation for, will be treated as unimmunised and therefore will be excluded from the Centre for the recommended period of time to protect the child and to prevent further spreading of the disease.

Child's Doctor: _____ Phone: _____

Address: _____

Child's Dentist: _____ Phone: _____

Address: _____

In Case of an Emergency:

While all efforts are taken to prevent illness or injury to your child, we reserve the right to seek emergency medical attention for your child if deemed necessary by centre staff. In the event of an emergency every effort will be made to contact parents/guardians and emergency contacts. If we are unable to do this staff at the centre will contact the Ambulance Service of NSW for transport and authorise treatment as deemed necessary by medical staff. The parents/guardians will be responsible for any costs incurred by this treatment or transportation. The parent will notify the centre in writing of any restrictions regarding medical treatment of the child.

I _____ consent & authorise the staff of Columba Cottage to seek and carry out any emergency medical treatment for my child listed on the front of this application, should this be considered necessary and agree to meet all costs incurred by this treatment and or transport.

Parent/Guardian

Signature: _____ **Name:** _____ **Date:** _____



(Note: Your Child will not be enrolled until signed)

Emergency Contacts/Authorised Collectors

Please provide LOCAL contacts that will be able to collect the child in case of emergency if the centre is unable to contact parents.

Details	Contact 1
Full Name	
Relationship to child	
Address	
Telephone	
Please Tick appropriate boxes	<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Permission for Excursions <input type="checkbox"/> Authorised Collector <input type="checkbox"/> Consent to Medication/ Medical Treatment <input type="checkbox"/> Permit transportation of your child by an ambulance service.
Details	Contact 2
Full Name	
Relationship to child	
Address	
Telephone	
Please Tick appropriate boxes	<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Permission for Excursions <input type="checkbox"/> Authorised Collector <input type="checkbox"/> Consent to Medication/ Medical Treatment <input type="checkbox"/> Permit transportation of your child by an ambulance service.

I give permission for the persons listed above to drop off and collect my child listed on this application. I further agree to keep the centre updated in writing of any changes to these contacts. I understand that in keeping with the Child Care Legislation my child will not be released into the care of a person under the age of 18 years, any person not listed on this form as a parent, emergency contact or authorised collector. I understand that non-custodial parents (as determined by a current court order only) will not be given access to the children.

Please Note: All collectors must be aware that they need to collect the child by close of business (6:30pm). Failure to do so will result in a late collection fee of \$15 and an additional \$1 for each minute after 6:30pm. Unfamiliar unauthorized collectors & emergency contact of the child will be required to present photographic ID such as a Driver's License, 18+ Card, Seniors' Card or Passport before being granted access to the child.

Parent/Guardian

Signature: _____ **Name:** _____ **Date:** _____



Enrolment Agreement (terms & conditions)

Upon accepting enrolment, a \$30 admin fee (non-refundable) will need to be paid, along with a holding \$200 bond fee for each child. If your circumstances change, and 2 weeks' notice is given to decline the position before the agreed commencement date, the bond payment will be fully refunded. If notice is 1 week prior to commencement then 1 week is refunded. Any notice less than 1 week, the total 2-week bond payment is non-refundable.

Our licensed hours of operation are 7:00am to 9:00am; 3pm-6.30pm Monday to Friday.

1. Allocated days are permanent and not flexible or transferable however, transfers may be negotiated depending on vacancies or ability to move other children of non-working parent. (See No. 6)
2. Fees have to be paid even if my child is absent on a particular day or days including periods of illness and parents annual leave. Fees have to be paid for all Public Holidays. I will notify the Centre when my child will be absent.
3. Fees should be paid **Two Weeks** in advance or as per direct debit terms. I understand that if my fees fall in arrears my position may be declared vacant unless an agreement has been reached. The centre may charge a late payment fee of up to 10% of the outstanding amount if the fees are more than four weeks in arrears. Once the position is declared vacant if fees are not then paid, recovery action may be sought, and I will be charged any applicable recovery fees.
4. Fees will be paid direct debit ONLY. I understand that the centre has a priority of access that is adhered to and the Director may need to change my days to accommodate a higher priority, as this is a requirement of the Child Care Benefit Payments Scheme. I understand that the Centre has the right to ask for proof of my work or study (e.g. payslips, proof of course etc.) to establish my priority.
5. A late fee of **\$15.00** will be charged if my child is left after the Centre's closing time (6.30pm) and then \$1 per minute thereafter. This fee will be charged **per child**. If there is more than one child from the family left after closing time the **\$15.00** late fee will be charged for **each child**, and then \$1 per minute thereafter for **each child**.
6. I will notify the Centre of any change to my child's details (e.g. address, phone number, emergency contacts etc.)
7. A record of my child's immunisation is required for the child's records. I will be required to keep this information up to date. Children who are not immunised will not be allowed to attend the centre when an outbreak of a contagious disease occurs and they will not be allowed to attend until the outbreak has cleared (Fees will have to be paid during this period). This is a requirement of the NSW Health Department.
8. Sick children with infectious disease shall not attend the centre. NO over the counter medications will be given without a letter from your Doctor and all prescription medicine will be only administered as per instructions, and ONLY with your written permission
9. I understand that access to children cannot be denied to a natural parent unless there is a Court Order. A copy of the court order must be provided to the Centre.
10. I will give **two weeks written notice** of my intention to withdraw my child from the centre even if I choose to reduce the number of days.
11. If I drop the number of days my child attends the Centre I understand that I may lose the days, I dropped and go back onto a waiting list on those days.
12. If I drop the number of days my child attends the Centre to one day, I understand that my child will only be able to attend on a Monday or Friday, as days in between are given as priority to working parents needing more than one-day attendance.
13. I understand that there is a minimum two-day enrolment policy at the Centre, (unless organised with management), and that in the case of an one-day enrolment, my child can only attend on a Monday or Friday.

Late Pick Up Fee:

Shiny Star OSHC closes at **6:30pm**. If you arrive after **6:30pm** you will be charged \$15. For every 1 minute thereafter you will be charged \$1 per family.

Fee Payment Details

I agree to pay my child's fees in Shiny Star's Direct Debit facility.



Childs Enrolment Details:

I will advise Shiny Star Outside School Hours Care immediately of any changes pertaining to my child's enrolment which includes change of home address, phone number, change in workplace, work phone number or change in work status. I understand that if my child's regular hours of attendance changes I will notify the co-ordinator to ensure child: staff ratios are maintained through staff rosters.

Evacuation from Premises:

In the case of required emergency evacuation/fire drills, I understand the staff of Shiny Star Outside School Hours Care will escort my child off the premises to safety. These evacuation drills are practiced four (4) times per year. The aim is to have all enrolled students be a part of at least one fire drill per year.

Student Placements:

I am aware that the Centre accepts students from TAFE, University and Further Education facilities for practical training experiences in child care, and that this involves practice in assessing children's developmental needs and planning appropriate activities. (All students are required to fill in and sign a declaration form obtained from the New South Wales Working with Children Check).

By signing this form I signify that I have read, understood and agree to abide by the information contained in the Enrolment Form and Enrolment Agreement. I also agree to abide by all of the Policies & Procedures of SHINY STAR OSHC.

Parent/Guardian

Signature: _____ **Name:** _____ **Date:** _____



I give permission for my child/ren to be pickup up by Shiny Star OSHC via Bus from (tick and sign the School your child requires pick up)

FROM: St. Ambrose Catholic Primary School	Stuart St, Concord West NSW 2138
TO: Shiny Star Play Centre	1 George Street, North Strathfield 2137

Parent: _____
Sign: _____

FROM: Strathfield North Public School	251 Concord Rd, North Strathfield NSW 2137
TO: Shiny Star Play Centre	1 George Street, North Strathfield 2137

Parent: _____
Sign: _____

FROM: Newington Public School	Newington Blvd, Newington NSW 2127
TO: Shiny Star Play Centre	1 George Street, North Strathfield 2137

Parent: _____
Sign: _____

FROM: Wentworth Point Public School	3 Burroway Road Wentworth Point 2127
TO: Shiny Star Play Centre	1 George Street, North Strathfield 2137

Parent: _____
Sign: _____

FROM: Our Lady of The Assumption Catholic Primary School	East, 1 Hamilton St, North Strathfield NSW 2137
TO: Shiny Star Play Centre	1 George Street, North Strathfield 2137

Parent: _____
Sign: _____

FROM: Victoria Avenue Public School	64 Victoria Ave, Concord West NSW 2138
TO: Shiny Star Play Centre	1 George Street, North Strathfield 2137

Parent: _____
Sign: _____

NO PICK UP NEEDED
<input type="checkbox"/> Parent: _____
Sign: _____