



SHINY STAR PLAY CENTRE

OSHC ENROLLMENT

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
- ❖ Newington Public

EXTRACURRICULAR ACTIVITIES

4:00PM-5:00PM

- ❖ MONDAY & FRIDAY:
LEGO EDUCATION
- ❖ WEDNESDAY : BOWLING
- ❖ TUESDAY & THURSDAY :
COOKING CLASS

DAILY FEES (CCS for Eligible Family)

- ❖ Before School Care- \$25
- ❖ After School Care- \$40
- ❖ Combined BSC&ASC- \$62
- ❖ Vacation Care- \$85



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.

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: _____

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

Are there any court orders, parenting orders or parenting plans in place for the
child? _____

IF YOU, YOU MUST SUPPLY A COPY ON ENROLMENT



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**

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					
VACATION 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 minimization 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, and 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 from Shiny Star Play Centre to hospital 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 Shiny Star Play Centre 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:** _____

FIRST EMERGENCY CONTACT

Education and Care Services National Regulations - Regulation 160 (3b, ii, iii, iv, v) 161 (1a, i, ii, 1b)

There may be times or situations where your child has had an accident, injury, trauma or illness and Parent/s cannot be reached or are unable to collect their child. To deal with these circumstances and in case of an emergency the Service will inform the following person to collect and care for the child. This person must live a maximum of 30 minutes from the Service and must provide identification when collecting the child.

Please obtain the person's consent before listing them as an emergency contact

Full Name:			
Relationship to child:			
Address:			
Phone Number:	(H) (M) (W)		
Email Address:			
Can this person be contacted to give consent for medical treatment? (Please Circle)	Yes/No	Parent 1 Signature:	
Can this person be contacted to give consent for educators to take the child outside the Service's premises in the event that you cannot be contacted? (Please Circle)	Yes/No	Parent 1 Signature:	
Can this person give authorisation for the Service to take the child on regular outings?	Yes/No	Parent 1 Signature:	

SECOND EMERGENCY CONTACT

Education and Care Services National Regulations - Regulation 160 (3b, ii, iii, iv, v) 161 (1a, i, ii, 1b)

Full Name:			
Relationship to child:			
Address:			
Phone Number:	<div>(H)</div> <div>(M)</div> <div>(W)</div>		
Email Address:			
Can this person be contacted to give consent for medical treatment? (Please Circle)	Yes/No	Parent 1 Signature:	
Can this person be contacted to give consent to the transportation of the child by an ambulance service?	Yes/No	Parent 1 Signature:	
Can this person give authorisation for the Service to take the child on regular outings?	Yes/No	Parent 1 Signature:	

ENROLMENT AGREEMENT

PLEASE READ THE FOLLOWING AGREEMENT CAREFULLY BEFORE SIGNING. PLEASE ASK IF THERE IS ANYTHING IN THIS DOCUMENT THAT YOU ARE UNSURE OF

Please tick the following items to authorise:

HEALTH & SAFETY:

I/We give permission for this child to:		
Participate in outings to places of interest (permission slip will have to be signed before allowing your child to leave the Service)	YES	NO
Have SPF30+ sunscreen applied prior to sun exposure (If not, please provide a letter releasing the Service of any Liability)	YES	NO
Have Band-Aids or sticking plasters applied when necessary	YES	NO
Have Insect Repellent applied if required (supplied by parents)	YES	NO

PHOTOGRAPHY & VIDEO:

I/We give permission for this child:		
For photos and video footage to be taken of my/our child for Service use and staff training purposes (Footage will not leave the Service)	YES	NO
For photos and video footage of my/our child to be used in Learning Stories, and to be shared with other families that attend the Service	YES	NO
For photos and video footage of my/our child to be used for student training purposes (Photos and video footage may leave the Service for students to present to lecturer and class for viewing and marking)	YES	NO
For photos and video footage of my/our child to be used on Service website, social media and other internet purposes, such as advertisement and used in organisation's resources	YES	NO
Do you ONLY give permission for photos and video footage of your child to be taken for your own personal viewing and to receive copies	YES	NO



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.

- ☐ I agree to inform the Service in writing immediately of any changes to the above information.
- ☐ I agree to pay the Service enrolment fee and bond prior to my child starting and am aware that the enrolment fee is non-refundable. Bond is refundable under conditions outlined in the Policy Manual
- ☐ I agree to keep my fees paid up to date and understand that my child's position at the Service will be in jeopardy if my fees are not kept up-to-date. I understand that all booked days are paid for even when my child is absent due to sickness or on holidays. I understand that fees are direct debited every 2 weeks and that a late payment fee will apply of up to 10% of the outstanding amount if fees are more than 4 weeks in arrears
- ☐ I understand that my child's immunisation record and birth certificate is required before commencement. I also understand that children who are not immunized will not be allowed to attend the centre when an outbreak of a contagious disease occurs and will not be allowed to attend until the outbreak has cleared (FEES WILL STILL BE CHARGED)
- ☐ I understand that if my child is sick, they will not be allowed to attend Shiny Star until a clearance letter has been received.
- ☐ I understand that access to children cannot be denied to a parent unless there is a Court Order. A copy of the Court Order must be provided to the Centre.
- ☐ If I am unable to collect my child by closing time I will organise for one of the people listed as authorised contacts to collect my child prior to closing time. I am aware that if my child has not been collected by closing time, and if I am unable to be contacted, those persons nominated as authorised contacts will be called by Service staff to collect my child.
- ☐ I agree to pay a late fee of **\$15.00 per 15-minute block** or part thereof after closing time. In the event that a child is left at the Service for over an hour after closing and Service staff have been unable to contact anyone to collect the child, we will notify The Department of Family and Community Services and may be required to take the child to the local Police Station to await your arrival. A note will be left detailing the child's whereabouts.
- ☐ I agree to give two weeks written notice to withdraw my child or reduce booked days.

- ☐ I agree to allow my child to apply sunscreen before any outdoor activities. (If your child has sensitive skin and would prefer they use their own sunscreen please bring a spare tube to remain at the Service, clearly labelled with your child's first and last name).
- ☐ I authorise the staff to administer a single dose of paracetamol (Panadol) OR allow my child to self-administer a single dose of paracetamol under staff supervision, appropriate to the child's age in the event of a high temperature in an emergency after staff have attempted to organise someone to collect my child and have exhausted every other option. Please note that this does not mean your child must still be collected and cannot remain at the service.
- ☐ I give permission for prescribed medication to be administered OR self-administered by Service primary contact staff upon my authorisation on the Service's medication form. I understand that if details are filled in incorrectly or left blank or if the medication does not meet the standards of the Service's policy the medication will not be given unless, in the case of missing or incorrect details I can be contacted to authorise the missing details. I agree to inform the staff of the need for medication for my child. I understand that non-prescription medication will not be given by staff unless it is accompanied by a current (within 6 months) dated Doctors letter stating the name of and reasons for the medication and only then if the Director deems the child well enough to attend Service.
- ☐ I give permission for my child to be observed by the Educators of the Service and students supervised by the Educators. I give permission for my child to participate in programs organised by Educators under adequate supervision.
- ☐ I understand that the Policies and Procedures Folder is located next to the Sign in/out and that I am able to read through the folder at any given time.
- ☐ I understand that Shiny Star Play Centre uses bus and a van to transport children to and from the centre during Before and After School Care.
- ☐ I understand that during Before and After School Care and Vacation Care staff may take my children on any excursion/incursions, e.g trips to party rooms, guest speakers, parks, etc and that a risk assessment will determine child: staff ratios and will also notice will be given for e.g Ratios: 1:15
- ☐ I understand sunscreen, bug repellent and lotions may be used when out on an excursion.
- ☐ I understand that Shiny Star Play Centre is a NUT FREE service and that if I want to bring in cupcakes/cakes for my child's birthday, I will adhere by these rules.
- ☐ I understand that Shiny Star Play Centre is a place for learning and that Uni/Tafe Students partake in doing Vocational Hours.
- ☐ I understand that if any changes occur regarding my child's enrolment including changes to, home address, phone numbers, email address, change in the workplace. Etc, that I will notify Shiny Star Play Centre through the email address.



☐ 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.

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 pickup)

FROM: St. Ambrose Catholic Primary School	Stuart St, Concord West NSW 2138	<input type="checkbox"/> Parent: _____ <input type="checkbox"/> Sign: _____
TO: Shiny Star Play Centre	1 George Street, North Strathfield 2137	

FROM: Strathfield North Public School	251 Concord Rd, North Strathfield NSW 2137	<input type="checkbox"/> Parent: _____ <input type="checkbox"/> Sign: _____
TO: Shiny Star Play Centre	1 George Street, North Strathfield 2137	

FROM: Newington Public School	Newington Blvd, Newington NSW 2127	<input type="checkbox"/> Parent: _____ <input type="checkbox"/> Sign: _____
TO: Shiny Star Play Centre	1 George Street, North Strathfield 2137	

FROM: Concord West Public School	378 Concord Rd, Concord West NSW 2138	<input type="checkbox"/> Parent: _____ <input type="checkbox"/> Sign: _____
TO: Shiny Star Play Centre	1 George Street, North Strathfield 2137	

FROM: Our Lady of The Assumption Catholic Primary School	East, 1 Hamilton St, North Strathfield NSW 2137	<input type="checkbox"/> Parent: _____ <input type="checkbox"/> Sign: _____
TO: Shiny Star Play Centre	1 George Street, North Strathfield 2137	

FROM:		<input type="checkbox"/> Parent: _____ <input type="checkbox"/> Sign: _____
TO: Shiny Star Play Centre	1 George Street, North Strathfield 2137	

No Pick up Required		<input type="checkbox"/> Parent: _____ <input type="checkbox"/> Sign: _____
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HOW DID YOU HEAR ABOUT US?

Word of Mouth		Internet Search	
Advertisement		Social Media	
Website		Other: _____	

