



2021 Outside School Hours Care



- Information contained herein is regarded as confidential and shall only be viewed by primary contact staff. Please read each section carefully before completing and signing.
- Please be aware that all days booked must be paid for, whether the child attends or not.
- Vacation Care – A separate program, booking form and permission note will be provided prior to each.

SECTION 1 - CHILD DETAILS

Child #1

School your child attends

Child's Full Name*

Gender Male Female

Address & Postcode of child

Date of birth*

Cultural Background

Language/s spoken by child

Are they of Aboriginal or Torres Strait Islander descent?

Child's start date

Child's CRN*

*Details must be completed if you wish to claim govt. rebates.

My child will attend Before School Care on the following days:

Permanent M T W T F \$17.90/day

Casual M T W T F \$20.90/day

Start Date:

My child will attend After School Care on the following days:

Permanent M T W T F \$21.90/day

Casual M T W T F \$23.90/day

Start Date:

My child will attend Vacation Care. Start Date:

Please complete and return Vacation Care Booking Form.

We may be able to drop your child off to their afternoon activities (e.g. training or classes) Please provide us with details to see if we can organise drop off:

Does your child have any cultural, religious or dietary requirements or additional needs? Yes No

If Yes, please provide details:

For special dietary requirements or if your child is a fussy eater, please provide your own food for your child/ren. I acknowledge that I am responsible for providing my child with all food. Please sign:

Child #2

School your child attends

Child's Full Name*

Gender Male Female

Address & Postcode of child

Date of birth*

Cultural Background

Language/s spoken by child

Are they of Aboriginal or Torres Strait Islander descent?

Child's start date

Child's CRN*

*Details must be completed if you wish to claim govt. rebates.

My child will attend Before School Care on the following days:

Permanent M T W T F \$17.90/day

Casual M T W T F \$20.90/day

Start Date:

My child will attend After School Care on the following days:

Permanent M T W T F \$21.90/day

Casual M T W T F \$23.90/day

Start Date:

My child will attend Vacation Care. Start Date:

Please complete and return Vacation Care Booking Form.

We may be able to drop your child off to their afternoon activities (e.g. training or classes) Please provide us with details to see if we can organise drop off:

Does your child have any cultural, religious or dietary requirements or additional needs? Yes No

If Yes, please provide details:

For special dietary requirements or if your child is a fussy eater, please provide your own food for your child/ren. I acknowledge that I am responsible for providing my child with all food. Please sign:

SECTION 1 (cont.) - CHILD DETAILS

Child #3

School your child attends

Child's Full Name*

Gender Male Female

Address & Postcode of child

Date of birth*

Cultural Background

Language/s spoken by child

Are they of Aboriginal or Torres Strait Islander descent?

Child's start date

Child's CRN*

*Details must be completed if you wish to claim govt. rebates.

My child will attend Before School Care on the following days:

Permanent M T W T F \$17.90/day

Casual M T W T F \$20.90/day

Start Date:

My child will attend After School Care on the following days:

Permanent M T W T F \$21.90/day

Casual M T W T F \$23.90/day

Start Date:

My child will attend Vacation Care. Start Date:

Please complete and return Vacation Care Booking Form.

We may be able to drop your child off to their afternoon activities (e.g. training or classes) Please provide us with details to see if we can organise drop off:

Does your child have any cultural, religious or dietary requirements or additional needs? Yes No

If Yes, please provide details:

For special dietary requirements or if your child is a fussy eater, please provide your own food for your child/ren. I acknowledge that I am responsible for providing my child with all food. Please sign:

.....

Child #4

School your child attends

Child's Full Name*

Gender Male Female

Address & Postcode of child

Date of birth*

Cultural Background

Language/s spoken by child

Are they of Aboriginal or Torres Strait Islander descent?

Child's start date

Child's CRN*

*Details must be completed if you wish to claim govt. rebates.

My child will attend Before School Care on the following days:

Permanent M T W T F \$17.90/day

Casual M T W T F \$20.90/day

Start Date:

My child will attend After School Care on the following days:

Permanent M T W T F \$21.90/day

Casual M T W T F \$23.90/day

Start Date:

My child will attend Vacation Care. Start Date:

Please complete and return Vacation Care Booking Form.

We may be able to drop your child off to their afternoon activities (e.g. training or classes) Please provide us with details to see if we can organise drop off:

Does your child have any cultural, religious or dietary requirements or additional needs? Yes No

If Yes, please provide details:

For special dietary requirements or if your child is a fussy eater, please provide your own food for your child/ren. I acknowledge that I am responsible for providing my child with all food. Please sign:

.....

SECTION 2 - CHILD CARE BENEFIT

Will you be claiming Child Care Subsidy? Yes No

If Yes, please provide details

Name of person claiming

Date of Birth

Address

Important: Please link our Cheeky Monkeys OOSH Childcare Service to your MyGov account so you are able to claim your benefits. Please note: Govt Rebates are subject to change at any time. If the Govt withdraws your rebate for any reason, you are still responsible to repay any outstanding childcare fees to Cheeky Monkeys Play House Pty Ltd. Failure to do so or to contact us to arrange a payment plan will result in Recovery and/or Legal Action.

SECTION 3 - PARENT/GUARDIAN DETAILS

Parent/Partner/Guardian #1

Name*

Relationship to Child

Date of Birth*

Address

Home phone number

Mobile phone number

Are you an Australian resident? Yes No

Country of birth

Date arrived in Australia (if applicable)

Language/s spoken at home

Cultural Background

Are you of Aboriginal or Torres Strait Islander descent?

Occupation

Employer

Work telephone number

Email Address

CRN*

* Details must be completed if you wish to claim govt. rebates.

Parent/Partner/Guardian #2

Name*

Relationship to Child

Date of Birth*

Address

Home phone number

Mobile phone number

Are you an Australian resident? Yes No

Country of birth

Date arrived in Australia (if applicable)

Language/s spoken at home

Cultural Background

Are you of Aboriginal or Torres Strait Islander descent?

Occupation

Employer

Work telephone number

Email Address

CRN*

* Details must be completed if you wish to claim govt. rebates.

SECTION 4 - EMERGENCY CONTACTS

I hereby authorise the staff of the centre to contact the following people, if I cannot be contacted, in the case of an emergency. Please supply at least 2 names, other than the child's parents / guardians.

Name	Address	Mobile	Work Phone	Relationship to Child

NOTE: It is important that you inform the above people that you have included them as emergency contacts and that they may be contacted in the case of an emergency and asked to collect your child when you cannot be contacted.

Authority to collect your child from the Centre

I hereby authorise the staff of Centre to allow the following people to collect my child from the centre.

Name	Address	Mobile	Work Phone	Relationship to Child

NOTE: It is important that you inform the above people that they may be asked to show identification on their first few visits until staff become aware of whom they are. Only those people to whom you have given authority will be permitted to collect your child from the centre.

SECTION 5 - CUSTODY INFORMATION

Are there any court orders, parenting orders or parenting plans in relation to your child/ren, or access to your child/ren? Yes No

If Yes, please provide details

NOTE: The centre cannot enforce custody issues without a copy of the relevant Court Order at the centre. Please discuss any custody issues with the Centre Coordinator before enrolment.

SECTION 6 - MEDICAL INFORMATION

Family Doctor's name

Address

Telephone number

Family Medicare Number

Is your family a member of a Private Health Fund? Yes No

If yes, which one?

Membership No

Child #1

Does your child have any allergies (including asthma or anaphylaxis) or medical conditions? If YES please provide details, including a copy of a medical management plan or risk minimisation plan prepared by the child's doctor, if applicable.

Yes No

Does your child require regular medication? If YES please provide details.

Yes No

Has your child ever been hospitalised? If YES please provide details.

Yes No

Has your child received the necessary immunisation for their age? If NO, please detail reason.

Yes No

Child #2

Does your child have any allergies (including asthma or anaphylaxis) or medical conditions? If YES please provide details, including a copy of a medical management plan or risk minimisation plan prepared by the child's doctor, if applicable.

Yes No

Does your child require regular medication? If YES please provide details.

Yes No

Has your child ever been hospitalised? If YES please provide details.

Yes No

Has your child received the necessary immunisation for their age? If NO, please detail reason.

Yes No

Child #3

Does your child have any allergies (including asthma or anaphylaxis) or medical conditions? If YES please provide details, including a copy of a medical management plan or risk minimisation plan prepared by the child's doctor, if applicable.

Yes No

Does your child require regular medication? If YES please provide details.

Yes No

Has your child ever been hospitalised? If YES please provide details.

Yes No

Has your child received the necessary immunisation for their age? If NO, please detail reason.

Yes No

Child #4

Does your child have any allergies (including asthma or anaphylaxis) or medical conditions? If YES please provide details, including a copy of a medical management plan or risk minimisation plan prepared by the child's doctor, if applicable.

Yes No

Does your child require regular medication? If YES please provide details.

Yes No

Has your child ever been hospitalised? If YES please provide details.

Yes No

Has your child received the necessary immunisation for their age? If NO, please detail reason.

Yes No

NOTE: Medication will only be administered to a child in accordance with the Centre's Medication Policy.

***To provide more details for section 6, please fill in relevant items on the following page.**

SECTION 7 - INDIVIDUAL INFORMATION

This information assists staff in the daily care and education of your child(ren).

Child #1

Does your child fear anything in particular?

Yes No

Are there any words that have special meaning to your child that we may need to know?

Yes No

Is your child attending another centre at the moment?

Yes No

Child #2

Does your child fear anything in particular?

Yes No

Are there any words that have special meaning to your child that we may need to know?

Yes No

Is your child attending another centre at the moment?

Yes No

Child #3

Does your child fear anything in particular?

Yes No

Are there any words that have special meaning to your child that we may need to know?

Yes No

Is your child attending another centre at the moment?

Yes No

Child #4

Does your child fear anything in particular?

Yes No

Are there any words that have special meaning to your child that we may need to know?

Yes No

Is your child attending another centre at the moment?

Yes No

Please provide details about your child(ren)'s interests, for example, hobbies, sport, books, games, art and craft, music, etc. - space provided on the next page.

NOTE: If your child/ren is a fussy eater please supply your own food.

NOTE: Centre staff will also talk to your child(ren) about their interests on a regular basis and where possible these interests will be accommodated.

***To provide more details for section 7, please fill in relevant items on the following page.**

***FURTHER INFORMATION RELATING TO SECTIONS 6 & 7**

Child #1

Please provide details of medical condition/s your child has and attach a copy of a medical management plan or risk minimisation plan, if applicable.

Please provide details of any regular medication that your child requires.

Please provide details if your child has previously been hospitalised.

Please provide details if your child has not received the necessary immunisations.

Please detail anything your child fears.

Please list any words which have a special meaning to your child.

Please provide details of any other centres currently attended.

Please provide details about your child(ren's) interests, for example, hobbies, sport, books, games, art and craft, music, etc.

Child #3

Please provide details of medical condition/s your child has and attach a copy of a medical management plan or risk minimisation plan, if applicable.

Please provide details of any regular medication that your child requires.

Please provide details if your child has previously been hospitalised.

Please provide details if your child has not received the necessary immunisations.

Please detail anything your child fears.

Please list any words which have a special meaning to your child.

Please provide details of any other centres currently attended.

Please provide details about your child(ren's) interests, for example, hobbies, sport, books, games, art and craft, music, etc.

Child #2

Please provide details of medical condition/s your child has and attach a copy of a medical management plan or risk minimisation plan, if applicable.

Please provide details of any regular medication that your child requires.

Please provide details if your child has previously been hospitalised.

Please provide details if your child has not received the necessary immunisations.

Please detail anything your child fears.

Please list any words which have a special meaning to your child.

Please provide details of any other centres currently attended.

Please provide details about your child(ren's) interests, for example, hobbies, sport, books, games, art and craft, music, etc.

Child #4

Please provide details of medical condition/s your child has and attach a copy of a medical management plan or risk minimisation plan, if applicable.

Please provide details of any regular medication that your child requires.

Please provide details if your child has previously been hospitalised.

Please provide details if your child has not received the necessary immunisations.

Please detail anything your child fears.

Please list any words which have a special meaning to your child.

Please provide details of any other centres currently attended.

Please provide details about your child(ren's) interests, for example, hobbies, sport, books, games, art and craft, music, etc.

SECTION 8 - AUTHORISATION AND APPROVAL (PERMISSION)

NOTE: Please read this section carefully. If you do not give your permission for any of the following, please cross it out and initial next to it. Please be advised that Points 7 8 and 9 are compulsory.

1 **Permission to seek medical assistance in an emergency**

That in the case of accident or other emergency resulting in the need for immediate medical attention, I hereby give permission for the staff to take my child to a doctor or hospital to seek the following urgent treatments:

» Medical Dental » Hospital » Ambulance Service and transportation of the child by Ambulance.

2 **Permission to carry out appropriate first aid treatment in an emergency**

That in the case of accident or other emergency resulting in the need for immediate medical attention, I hereby give permission for the service to carry out appropriate first aid treatments.

3 **Permission for staff to give medicine in case of emergency**

I hereby authorise the staff to administer an age/weight appropriate dose of a fever reducing agent to my child, should he/she have a fever, while awaiting my arrival to seek medical treatment.

4 **Permission for excursions** I hereby give permission for my child to attend excursions or outings in the local area. Please do not send your children to the Centre on excursion days in a strapless/singlet top/dress. Whilst we apply sunscreen to all children we cannot be responsible for children who are inappropriately dressed for hot weather conditions. For swimming activities we encourage all children to wear a rash vest and hat in the water.

NOTE: Separate permission forms for Vacation Care are required to be completed.

Children who attend the Centre without a drink bottle will be given a 600ML bottle of water to use throughout the day & a \$4 per bottle charge will be made to parents account.

5 **Permission for the application of sunscreen** I hereby give permission for staff to apply sunscreen to my child before outdoor play activities. » **Additionally, all children are required to bring a hat. We have a "No Hat, No Play" policy.**

6 **Permission for photographs/videos to be taken** I hereby consent to my child being photographed/videoed while they are at the centre or on an excursion. **NOTE:** There are a number of reasons the centre takes photographs/videos of the children, including: Providing visual documentation for families to see what their child does throughout the day: To assist with evaluations of the program. To use as part of promotion and publicity for the centre.

7 **Notification of arrival and departure of children at the centre** I agree to have my child signed in and out via the appropriate computer program or documentation at the centre on arrival and departure each day they attend the Centre.

8 **Child absence** I agree to notify the Centre if my child is absent from the Centre on a day that they are booked in. No refunds or transfer of payment is possible if I don't give two weeks notice for this absence. **NOTE:** If your child is absent from the centre a medical certificate must be provided to explain absences. The Centre needs to record the amount of allowable and approved absences your child is entitled. This is a requirement from the Department of Family and Community Services. Each child receives a certain number of allowable absence days at the beginning of the financial year that is paid by Child Care Subsidy (CCS). Upon receipt of the medical certificate you will not be charged for this absence.

9 **Permission to transport children to and from school to our centre** I hereby give permission for staff to pick up and drop off my child/children to and/or from the centre based on whether we have made a BSC or ASC booking. A separate activity pick up / drop off form needs to be signed and returned to the centre to allow transport to out of centre activities.

I have read all the information in this section and agree to give my permission.

Please Sign

Date

SECTION 9 - PAYMENT OF FEES

Objectives • To ensure that the Centre is paid for services provided • To ensure parents do not run into debt

» **PROCEDURE**

1 **Administration** Please note that with every enrolment form there is a \$15 admin fee.

2 **Fee payment** Please be advised that the fees have changed for 2021.

Direct Debit Request and Credit Card Authority

A Direct Debit Request (DDR) or a Credit Card Authority (CCA) allows us to debit directly to your financial institution or credit card account, respectively, for your childcare fee payment and any other amounts due to be paid by you under your arrangement, as those amount are due. If a due date for a direct debit fails on a weekend or public holiday, it will be processed on the next business day. Please contact your financial institution if you are uncertain when a debit will be processed. You can cancel your DDR or CCA by making a request in writing. We can vary these DDR and CCA terms in this agreement at any time within 5 working days. We will keep information about your financial account confidential, except to extent necessary to resolve any claim you might have. If you give us a DDR, you should:

(a) note that the direct debiting through bulk Electronic Clearing Systems not always available – please ensure your financial institution allows DDR on your account

(b) confirm the account details by checking a recent statement from your financial institution (c) note that the DDR must be signed in the same way as the account signing instruction you have given. You are responsible for setting up your DDR. If you give us a CCA, you must advise us of new credit card details prior to the expiry of the credit card. Otherwise, we can suspend your services until you do.

Once you receive your login password from Xplor, login at **web.myxplor.com**. Click 'AutoDebit Setup' and follow the prompts to setup your account or to update your account information.

Before and After School Care

All family statements are charged and emailed to parents on a Monday so they can check the fees allocated to their account and advise us of any discrepancies. As per our Parent Information Handbook – all fees are due and payable 2 weeks in advance. Weekly fees are payable to the Centre by DDR or CCA. Please ask staff for assistance in DDR set up, or please check the Xplor website for troubleshooting. If your Direct Debit payment declines please note there may be a fee for each unsuccessful debit in addition to any financial institution charges and collection fees. When the family statements are issued, if there are any outstanding fees, a \$10 per week late charge will be applied until the account returns to a nil balance.

SECTION 9 - PAYMENT OF FEES (cont.)

Casual Bookings

All accounts must be paid in full at time of booking and there is no refund or transfer of payment or day of care possible if your child does not attend for any reason. When the family statements are issued, if there are any outstanding fees, a \$10 per week late charge will be applied until the account returns to a nil balance.

Vacation Care Bookings

All accounts must be paid in full at time of booking and there is no refund or transfer of payment or day of care possible if your child does not attend for any reason. When the family statements are issued, if there are any outstanding fees, a \$10 per week late charge will be applied until the account returns to a nil balance. Failure to pay the unpaid fees within two weeks of the date of care will result in debt recovery action being taken and discontinuation of care for the child unless the parent/s have immediately initiated a repayment schedule for the late fees with the OOSH Co-ordinator, and can meet the fortnight fee payment in advance requirements. Failure by parent/s to do so will result in immediate discontinuation of care for the child and your child will not be accepted into the Centre.

3 Notice of discontinuation of attendance When you wish to discontinue and terminate your child's care place at the centre you are required to provide two (2) weeks written notice to the OOSH Co-ordinator via our email: oosh@cheekymonkeysplayhouse.com.au, or you are liable to pay the equivalent of two weeks child care fees to the centre. Please note the Government does not pay CCS for children that are absent on their last day/s of care at the centre (after you have given notice) if your child is absent for any reason. If CCS is not received by the Centre, you are responsible to pay all outstanding monies. Failure to do so will result in debt recovery and/ or legal action.

4 Absences from the child care centre Fees are payable for bank/

public holidays. If your child is sick and provides a medical certificate, there will be no charge for these days. If you need to cancel or amend a permanent booking, provided you give two weeks' notice, no charge will be made for these absences.

5 Centre closure No fee is charged while the Centre is closed over the Christmas period.

6 Late fee The Centre is open from 2.30pm to 6.00pm for After School Care and 6:45am to 6:00pm for Vacation Care. Staff are unable to accept children in the centre outside of these hours. Should children be present after the 6.00pm closing time, a late fee of \$2.00 per minute after 6pm will apply. This fee will be charged to your account and paid to the carer.

7 Payment of fees I understand that fees must be paid once invoiced within the stated due date, that my child's place at the centre may be terminated if fees are not up to date, and that I may be liable for any additional costs incurred in recovery of outstanding fees. I understand that I am responsible for all outstanding fees. I understand the Government may deduct CCS payments from my account at any time and I am responsible to pay all outstanding fees to the Centre.

8 Costs of debt recovery I (The Parent/s/Account Holder/s) expressly agree/s that I am liable for any Recovery costs including administrative fees, debt recovery fees, Solicitor Fees and disbursements incurred by Cheeky Monkeys OOSH as a result of my failure to pay the fees and charges for the service provided within the strict terms of payment (alternatively the number of days) specified in this agreement. I accept that I may also be charged an additional fee for interest at the statutory rate recoverable in the appropriate Court at the time prevailing however I am aware that costs incurred through Court action against me will be limited to the fees recoverable under the State Legislation for legal cost recovery.

SECTION 10 - DISCLAIMER/INFORMED CONSENT

I hereby acknowledge that:

- » I have read and understand the centres procedures, conditions and policies contained in this enrolment record and policy manual, which forms part of this agreement (and which may be changed by notice from time to time by the Centre at its sole discretion) (Policies & Procedures).
- » The Policies and Procedures incorporate any relevant statutory obligations imposed on the centre and have been put in place to protect my child/children.
- » I must strictly comply with the Policies and Procedures at all times.
- » The information provided in this enrolment record is to the best of my knowledge correct.
- » I will inform the centre immediately in writing if there are any changes to the information provided by me in this enrolment record (Notice of Change).
- » When caring for my child/children the centre will rely on the information provided by me in this enrolment record, in any Notice of Change and any other instructions/information (of any nature whatsoever) I give to the Centre.
- » I am totally responsible for the accuracy of the Information and my compliance with the Policies & Procedures.
- » I am totally responsible for the suitability and actions of any person/persons whom I authorise to visit, deliver, and or collect my child/children to/from the centre or any other place (Other Person/s).
- » I must first inform any Other Person/s about the Policies & Procedures and that they must strictly comply with them. Subject to any applicable Australian Consumer Law, the Sales of Goods Act 1923 (NSW) or any other applicable law which cannot be excluded I/we will indemnify the Centre its employee/s or any of its authorised person/s from any loss, damage, claim, cost or expense of any nature whatsoever incurred by my child/children, by me or any third party in connection with any act or omission by me and or us and or Other Person/s failing to comply with any Policies & Procedures and or due to the inaccuracy of the Information and or the acts or omissions of the Other Person/s.

I have read all the information in this section and agree to the terms. I hereby declare, that to the best of my knowledge, the information provided in this enrolment form is true and accurate.

Parent and or Guardian's Full Name

Please Sign **Date**

OFFICE USE ONLY The OOSH Co-ordinator/Certified Supervisor is to read each page thoroughly and check that all sections have been completed in full. Please initial each page in the place allocated as an indication that the page was completed in full at the time it was submitted by the parent / guardian. The OOSH Co-ordinator/Certified Supervisor should use this as an opportunity to clarify any questions that the parent / guardian may have.