



Registration:

\$77 per calendar year

Daily rate:

Before School Care Perm:

\$22.50

After School Care Perm:

\$28.50

Before School Care Casual:

\$24.50

After School Care Casual:

\$30.50

Vacation Care:

\$92.00

*Please circle if your child is from
Yates Ave Public school or
Telopea Public school*

ACCEPTANCE OF ENROLMENT
(COORDINATOR TO COMPLETE)

Please tick if the relevant information is received with enrolment:

- A copy of the child's up to date immunisation provided
- Action plan for Allergies/Anaphylaxis/Asthma

Coordinator: _____

Signature: _____

Date: _____

Last Day of attendance: _____

This enrolment record is to be kept until the end of 3 years after the child's last attendance.

JUBILEE COMMUNITY SERVICES YATES AVENUE OOSH

2023

ENROLMENT FORM

- ❖ CCS Approved Centre
- ❖ Qualified Educators
- ❖ High Quality Care provided
- ❖ Air Conditioned

**Licensed for 52 positions per day
5 – 12 years old**

Hours of Operation 7.00am – 9.00am & 3.00- 6.00pm

Vacation Care 7.00am – 6.00pm

Monday – Friday

Closed Public Holidays

**For more details please call the Coordinator on
0421 225 694**

Email: yaoosh@jubileecs.org.au

Yates Avenue Public School



2023 ENROLMENT FORM

PLEASE NOTE A SEPARATE FORM MUST BE USED FOR EACH CHILD

CHILD DETAILS:

First Name		Second Name	
School		2023 Class Year	
Surname		Date of Birth	
Home Address			
Suburb		Postcode	
Language		Cultural Background	
Indigenous	YES / NO	Gender	
CRN # (full fees will be charged if this is not given)		Medicare Number	
Private Health Fund		Private Health Fund Number	
Doctor's Details (name, address, phone number)			

PRIMARY PARENT/GUARDIAN DETAILS (this must be the parent who will claim the CCS benefits):

First Name		Second Name	
Surname		Date of Birth	
Relationship to child		Occupation	
Home Address, if different to child			
Indigenous	YES / NO	Email (mandatory so we can set up your XPLOR acct)	
Contact Phone Numbers			
CRN # (full fees will be charged if this is not given)			



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SECOND PARENT/GUARDIAN DETAILS

First Name		Second Name	
Surname		Date of Birth	
Relationship to child		Occupation	
Home Address, if different to child			
Indigenous	YES / NO	Email (mandatory so we can set up your XPLORE acct)	
Contact Phone Numbers			

EMERGENCY CONTACT DETAILS (must be over the age of 18)

Authorised Nominee means a person who has been given permission by a parent or family member to collect the child from the education and care service or family day care service. (*Education and Care Services National Regulations Regulation 160*). Please supply at least **TWO people's** contact details (other than the parent or guardian) that you authorise to collect your child and/or contact in case of an emergency. It is your responsibility to notify these people and inform them that they are an authorised nominee or emergency contact for your child at the service. The Authorised nominees must live a **maximum of 30 minutes** from the service and must be able to provide photo identification upon request.

(*Education and Care Services National Regulations-Regulation 160.3.VI*) Any person who is authorised to authorise the education and care service to transport the child or arrange transportation of the child must be detailed below.

NOTE: Staff will not release a child to anyone other than those listed below, unless the Parent/Guardian has notified the centre in writing. Staff will only use listed contacts below in the event of an emergency if both Parent/Guardian are unavailable. **Photo ID must be shown prior to the child being released.**

Please note: email addresses of emergency contacts are a requirement to be able to sign your child in/out. Emergency contacts can be allocated as "Hub Guests" via the Xplor Home App by the parents.

FIRST EMERGENCY CONTACT:

Surname		First Name	
Address		Relationship to Child	
Home Phone		Work Phone	
Mobile		Email Address (MANDATORY so we can give XPLORE access)	

- This person has the authority to (please select):
- Collect your child or authorise another to collect your child from the service (Authorised Nominee)
 - Authorise an educator to take your child on excursions and regular outings from the service premises in the event that you cannot be contacted?
 - Consent to medical treatment by a medical Practitioner, hospital or ambulance service and/or



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<input type="checkbox"/> transportation by ambulance service for your child <input type="checkbox"/> Consent to medication being given to your child <input type="checkbox"/> Be notified of an emergency involving your child if you cannot be contacted (emergency contact) <input type="checkbox"/> Person who is authorised to authorise the education and care service to transport the child or arrange transportation of the child
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SECOND EMERGENCY CONTACT:

Surname		First Name	
Address		Relationship to Child	
Home Phone		Work Phone	
Mobile		Email Address (MANDATORY so we can give XPLOR access)	

This person has the authority to (please select):

- Collect your child or authorise another to collect your child from the service (Authorised Nominee)
- Authorise an educator to take your child on excursions and regular outings from the service premises in the event that you cannot be contacted?
- Consent to medical treatment by a medical Practitioner, hospital or ambulance service and/or transportation by ambulance service for your child
- Consent to medication being given to your child
- Be notified of an emergency involving your child if you cannot be contacted (emergency contact)
- Person who is authorised to authorise the education and care service to transport the child or arrange transportation of the child

THIRD EMERGENCY CONTACT:

Surname		First Name	
Address		Relationship to Child	
Home Phone		Work Phone	
Mobile		Email Address (MANDATORY so we can give XPLOR access)	

This person has the authority to (please select):

- Collect your child or authorise another to collect your child from the service (Authorised Nominee)
- Authorise an educator to take your child on excursions and regular outings from the service premises in the event that you cannot be contacted?
- Consent to medical treatment by a medical Practitioner, hospital or ambulance service and/or transportation by ambulance service for your child
- Consent to medication being given to your child
- Be notified of an emergency involving your child if you cannot be contacted (emergency contact)
- Person who is authorised to authorise the education and care service to transport the child or arrange transportation of the child

PRIMARY PARENT AGREES EMERGENCY CONTACTS SECOND PARTY AGREES EMERGENCY CONTACTS



FAMILY CIRCUMSTANCES

Family Status: (please tick appropriate answer)

Table with 7 columns: Married, Separated, Divorced, De Facto, Single Parent

Court Orders Relating to the Child

1) Are there any court orders, parenting orders or parenting plans relating to the powers, duties and responsibilities or authorities of any person in relation to the child or access to the child? (Please Circle) NO/YES

If yes, please provide all relevant documentation and paperwork

2) Are there any other court orders relating to the child's residence or the child's contact with a parent or other person? (Please Circle) NO/YES

If yes, please provide all relevant documentation and paperwork.

Please note that without this documentation we cannot legally enforce the Order/s

MEDICAL DETAILS

(Please attach any medical management plans with this Enrolment where applicable)

Does your child have any serious medical conditions that the centre should know about? E.g. Asthma, Anaphylaxis, Diabetes, Epilepsy. (If yes please provide details AND a copy of their Action Plan) YES/NO (if yes please provide details)

Details.....

Does your child have any special dietary requirements or restrictions? YES/NO (If yes please provide details)

Details.....

Is your child affected by any allergies? YES/NO

Details.....

Is your child on any prescribed medication YES/NO (if yes please provide details). Please describe side effects of medication that staff should be aware of.

Details.....

Does your child have any physical or sensory impairment that the staff should know about? YES/NO (if yes please provide details)

Details.....

IMPORTANT INFORMATION REGARDING ADMINISTRATION OF MEDICATION

Prescription medication will only be administered to the child for whom it is prescribed, from the original container bearing the child's name and with a current use by date. Non-prescription medication will not be administered at the service unless accompanied by an authorised letter from a doctor.



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ADDITIONAL NEEDS

Does your child have any Additional Needs/ongoing disabilities? Yes/No
If your child has been assessed, please provide detailed documentation in relation to the assessment to assist the centre and educators to cater for your child's individual needs.

Please provide details of your child's Additional Needs:

.....
.....

I give permission for the centre to access suitable agencies to assist my child's Additional Needs: Yes/No

IMMUNISATION

Please provide a copy of your child's up to date IMMUNISATION RECORDS

OOSH Services are required by law; Public Health Amendment (Vaccination of Children Attending Child Care Facilities) Act 2013 No 46 to keep a copy of every child's immunisation record on file. This document needs to be provided to the service upon Re-Enrolment or Enrolment. Failure to provide this document will result in your Enrolment not being accepted.

** All exemption forms need to be signed by a medical practitioner and provided by the parent to the OSHC Services upon enrolment.

IMPORTANT NOTE REGARDING ANAPHYLAXIS:

The Centre has children attending who are at risk of a severe, life threatening anaphylactic reaction. We ask that families do not send any NUT BASED PRODUCTS or foods with their children to the centre.

Coordinator use only

I, _____ declare that I have received a copy of the child's immunisation record OR an official exemption form.

Signed: _____ Date: _____

AUTHORITY FOR EMERGENCY MEDICAL TREATMENT

Although every care will be taken of your child while at the centre, the staff can in no way be held responsible for any accident which may occur. In the event of an accident or illness requiring emergency medical treatment, every effort will be made to contact the Parent/guardian before such treatment is sought. However should this prove impossible it will be necessary for authority to be given for the treatment to be undertaken.

I.....hereby give permission for the staff at the centre to seek medical treatment from a registered medical practitioner, hospital, or ambulance service and transportation by an ambulance in the event that my child has been injured or becomes ill at the service. Your child's enrolment will not be accepted unless agreed.

I will accept financial responsibility for my child's medical treatment.

I understand that relevant information on this form will be passed on to the hospital medical staff if required

Signed.....



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BOOKING FORM

Child's Name	Before School	After School
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		
FRIDAY		
CASUAL		

Start Date: _____ Last day of attendance (office use): _____

PLEASE NOTE:

- If you wish to change, or cancel days we require **2 weeks' notice in writing**.
- All booked sessions must be paid for, even if not attended.
- Payments must be made by **DIRECT DEBIT only**. Payments are debited **on a fortnightly basis** with an annual registration fee of **\$77.00** charged at the beginning of each year per family. (If you enroll your child throughout the year, the registration fee will still apply).

Parent Signature..... Date.....

You MUST enter direct debit details in the XPLOR child care management system, before booking is confirmed.



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Please select yes or no for each permission, initial each box and sign the bottom of the form.

Permissions	Yes	No	Initial
Videos/DVD: I give permission for my child to watch videos/DVDs rated G or PG selected by the OOSH Co-coordinator, throughout the year, including Vacation care.			
Local Excursions: I give permission for my child to participate in local excursions from the centre by foot within the local community. Notification and details is given prior to any excursion.			
Centre Publicity: I give permission for my child to be photographed or recorded on an excursion or whilst at the centre, for the purposes of programming and quality assurance evidence. I also give consent for the photos and videos of my child to be used to publicise the center including newsletter via email and Facebook. Any images uploaded on our Facebook page are edited to protect children's identity.			
Communication: I give permission for the staff to discuss issues concerning my child with school staff, which will then be forwarded to me upon collection of my child.			
Outdoor Sun Protection: Our Centre has a ' No Hat, No Play ' policy. I will ensure that my child arrives with a hat and that if I require my child to wear sunscreen, that I will apply the cream and inform my child to reapply it during the sessions.			
Leaving OOSH early: I give permission for my child to leave OOSH before school care on the first bell at which time they will go into the care of the school teacher on playground duty.			
Bus transport: I give permission for my child to travel to and from school and on Vacation Care on the bus provided by JCS.			
Policies: I will abide by Policies and Procedures as set out by JCS. I understand that Policies and Procedures will be available and accessible at my leisure. (Please ask the OOSH Coordinator to access them if you wish).			
Family Handbook and Enrolment Package I have read and agree to information set out in the Family Handbook and Enrolment Package. All information I have provided is correct at the time of enrolment and I understand I must inform the centre immediately if any details change.			

Name.....Signed.....Date.....



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FURTHER INFORMATION ABOUT CHILD

This area will be detached from the Enrolment form to assist staff in the daily care and education of your child. Please take the time to fill out the information below so our Educators can support your child during their time in our care.

Does your child have any siblings? If so, please provide their names and ages.
Does your child have any other close relations attending the centre? E.g. cousins/friends. If so, please provide their names and ages
Please specify any fears or phobias your child has and how to manage them appropriately.
Child's Cultural and Religious Considerations: Please outline your child's cultural/religious background and if relevant any cultural practices you would like followed:
What are your child's interests and strengths? E.g. Sports, art, cooking, games, books etc.
Is your child a part of any extra curricula activities outside of school?
Please provide us with any other information we should know about your child: