



Outside of School Hours Care Enrolment Package

Privacy Statement

The Liwara Catholic Outside of School Hours Care located at 5 Tuart Road Greenwood WA 6024, is required to collect and use personal and health information about families within the attached forms.

The information is required to ensure the health and safety of your child whilst in our care, and to meet legislative requirements set down in:

Australian Children's Education and Care quality Authority (National Quality Framework 2012)

The information you give is used by those centre staff that need to access the information to meet the above requirements, and may also be disclosed to the following authorities:

Child Care Licensing and Standards Unit Officers

Department of Families, Community Services and Indigenous Affairs Officers (National Quality Framework 2012)

Department for Community Development Officers (National Quality Framework 2012)

Family Assistance office Review Officers (Child Care Benefit)

All personal information is kept in a secure place to protect it from unauthorized access, modification or disclosure.

You are entitled to access personal and private information kept about you and your family on request, and may ask for inaccurate information to be up-dated or corrected.

Failure to provide the required information will result in non-acceptance of your child's enrolment.

You may contact the centre by phone on
0488 083 657

Or email – OSHC.Liwara@cathednet.wa.edu.au

BEFORE AND AFTER SCHOOL CARE

Parent/Guardian's Registration Agreement

(The use of the word "we" will also include the singular "I" where applicable in this section)

1. I/We have viewed the Liwara outside School Hours Care Centre (hereafter called the centre) and consent to the enrolment of the admitting child/ren (hereafter referred to as the child).
2. I/We acknowledge having received and read the parent handbook and we understand any changes to such will be displayed on the centres parent notice board or through its newsletters
3. I/We agree to comply with all government requirements in relation to the centre and its service.
4. I/We agree that in the case of accident or injury, the centre will attempt to contact us and where we cannot be contacted medical care may be sought and given to the child, and we agree to meet any expenses incurred. The medical care sought may include the calling of and Ambulance and we agree to meet the expense of and Ambulance. In the case of an emergency as determined by the staff at the centre, we authorize the centre to contact an Ambulance and send the child to hospital.
5. I/We agree to pay the weekly fee on the due date as determined by the centre's payment requirement or as agreed to by the centre.
6. I/We are aware that any failure to pay due fees may result in cancellation of care at the centre's option. We are aware that fees need to be adjusted from time to time with due notice given to parents.
7. I/We are aware that it is our responsibility to maintain a current Family Assistance Office Income Assessment Notice for Child Care Benefit.
8. I/We understand that to have access to Child Care Benefit we need to meet all current Child Care Benefit requirements.
9. I/We are aware that seven (7) days notice in writing of cancellation of care must be given in advance, otherwise fees will continue to be charged.
 - a. I/We are aware that fees for public holidays will not be charged even if it is a usual day of attendance.
 - b. I/We are aware that fees are payable for days where allowable absences are taken.
 - c. I/We have read the parent handbook and are aware of any closures to the centre during the year.
10. I/We understand that a system of payment for late collection operates at the centre to cover overtime payments due to staff. Any late collection will result in a fee being imposed.
11. I/We understand that children who are third priority of access guidelines may be required to alter their days or give up their place at the centre in order to provide a place for a higher priority child. The priorities are as follows,
 - First priority: Children at risk of serious abuse or neglect.
 - Second priority - Children whose parents satisfy the work/training/study test under section 14 of the family assistance act.
 - Third priority - Any other child.
12. I/We are aware that the child will be excluded from care at the centre if he/she has contracted a contagious disease or condition. We understand that the child will be accepted back into the centre upon provision of a "clearance certificate" for the child from a medical practitioner.
13. I/We are aware that if the child has not been immunised against measles, or in the absence of proof of earlier contact with the disease, the child will be excluded from the centre if there is and outbreak of measles. We understand that the child will be accepted for further care by the centre after the receipt of medical advice that the infectious period has passed.
14. I/We are aware that the centre may require the presentation of a medical certificate in the event of the child developing a long term medical condition.
15. I/We agree to provide the centre with all relevant information regarding the health of our child and any other information required by the centre.

16. I/We are aware that if we fail to provide information correctly as required by the centre, the centre will be able to terminate service forthwith.
17. I/We are aware that there may occasionally be visitors at the centre and volunteers that may assist the centre. We consent to our child being in the presence of volunteers or visitors, with the centre's appropriate supervision by qualified/experienced staff.
18. The centre reserves the right to terminate this agreement when, in its discretion, it considers that to do so would be in the interest of the centre. It agrees to give the parent reasonable notice of its intention to exercise this right and will refund any payments in credit.
19. I/We have read this contract, and received relevant information about the service offered by this centre for the care of our child.
20. I/We acknowledge and accept that if it can be demolished that I/We have withheld information relevant to the enrolment process especially in relation to this child's individual needs, medical conditions, health care requirements and/or parenting orders, than the enrolments may be refused or cancelled on this ground.

I/We agree to abide by the conditions of use of the centre and this contract.

Signature of Parent/Guardian	Date	signature of witness*
Signature of Parent/Guardian	Date	signature of witness*
Signature on behalf of the centre	Date	signature of witness*

- A witness to a signature should be an adult (who is not a signatory) who can verify the identification of the signatory.

Liwara Catholic Out Of School Hours Care
BEFORE/AFTER SCHOOL CARE ENROLMENT FORM
THE FOLLOWING INFORMATION IS CONFIDENTIAL



Child's Details

Surname: _____ Other Given Names: _____

D.O.B. _____ Male/Female (Please Circle)

Country of Birth _____ Home Language: _____

Address: _____

Suburb _____ Postcode: _____

School: _____ Grade: _____

Customer Reference Number (CRN): _____

Please Note: C.R.N. = Customer Reference Number (Child Care Benefit) (Centre link)

Parent/Guardian (1) (Account Holder/claiming CCB)

Surname: _____ Other Given Names: _____

D.O.B. _____ Male/Female (Please Circle)

Country of Birth _____ Home Language: _____

Address: _____

Suburb _____ Postcode: _____

Home Phone: _____ Mobile Phone: _____

Place of Work: _____ Work Phone: _____

Occupation: _____ Hours of work: _____ to _____

Address of work:: _____

Email: _____

Relationship to Child: _____

Child lives with this parent: Yes/No

Customer Reference Number (CRN): _____

Please Note: C.R.N. = Customer Reference Number (Child Care Benefit) (Centre link)

Parent/Guardian (2)

Surname: _____ Other Given Names: _____

D.O.B. _____ Male/Female (Please Circle)

Country of Birth _____ Home Language: _____

Address: _____

Suburb _____ Postcode: _____

Home Phone: _____ Mobile Phone: _____

Place of Work: _____ Occupation: _____ Work Phone: _____

Hours of work: _____ to _____

Work Address: _____

Email: _____

Relationship to Child: _____

Child lives with this parent: Yes/No

I/We are aware that the person/s named here as parent/guardian are the authorized parties to enroll and cancel enrolment, and to nominate who will collect the child from the Centre.

Signed: _____ Signed: _____

Date: _____ Date: _____

CUSTODY OF CHILD:

- a. Have any orders been made by any court regarding your child? **YES/NO.**
- b. If NO, is there any disputes concerning custody of the child?
Please provide details: _____

- c. If YES, please provide the following:
Details of orders relating to the long term care, welfare and development of the child; residence of the child; contact person with the child:

Enrolling Parent's signature: _____

Date information supplied: _____

Please attach copies of relevant Court forms, documentation.

Attached (please Tick)

EMERGENCY CONTACTS/PERSONS AUTHORISED TO COLLECT THE CHILD FROM THE CENTRE:

Please list people who you authorize to take the child from the premises in an emergency or any other arrangement:

Person 1:

Surname: _____ Other Given Names: _____

Home Phone. _____ Mobile Phone: _____

Address: _____ Suburb: _____ Post Code: _____

Relationship to child: _____

Person 2:

Surname: _____ Other Given Names: _____

Home Phone. _____ Mobile Phone: _____

Address: _____ Suburb: _____ Post Code: _____

Relationship to child: _____

Person 3:

Surname: _____ Other Given Names: _____

Home Phone. _____ Mobile Phone: _____

Address: _____ Suburb: _____ Post Code: _____

Relationship to child: _____

Person 4:

Surname: _____ Other Given Names: _____

Home Phone. _____ Mobile Phone: _____

Address: _____ Suburb: _____ Post Code: _____

Relationship to child: _____

FAMILY DOCTOR:

Family Doctor's Name: _____ Phone: _____

Address: _____ Suburb: _____ Post Code: _____

Medicare No: _____ Reference Number: _____ Ambulance No: _____

ACCIDENTS, ILLNESS & EMERGENCIES:

We regret we are unable to care for sick children, or children with a contagious illness. In the event of an illness or accident (when parents/guardians or authorized person/s cannot be contacted), I/we consent to medical or hospital attention being sought for the child. I/we agree to pay any expenses incurred for medical treatment and transport.

In the case of an emergency when those people authorised to collect the child cannot be contacted, I/we consent to the licensee or supervising officer having due regard to the wellbeing of the child, authorising an adult staff member who is responsible for the child to take the child from the child care centre.

Community Health Services
IMMUNISATION RECORD
 Please provide a copy of your child's immunization record.

Attached (please Tick)

Signature of Parent/Guardian (1): _____ Date: _____

Signature of Parent/Guardian (2): _____ Date: _____

Health of the Child Form

Special Health or Support Needs:

Does your child have any special health support needs? (ie: asthma, diabetes, epilepsy, allergies (anaphylaxis), special dietary requirements, regular medicine attention etc.)

YES/NO

If YES please specify:

You and your doctor will be required to complete a “**Special Needs Support Plan**” and/or an “**Emergency Action Plan**” to ensure the centre is fully prepared to manage your child’s special health needs. This will include appropriately training staff to administer medication or other actions required to manage your child’s condition.

Please fill out the attached forms with your doctor if necessary.

Attached (Please Tick)

My child is allergic or cannot use the centre’s products. I agree to provide the following products for my child. I confirm I have applied these products to my child on more than three occasions without incident.

PRODUCT	BRAND	APPLIED FOR	PARENT SIGNATURE

I understand that for all other medication I must complete and sign an “**Authority to Give Medication**” form on the day in which the medication is to be administered. I have read and agree to follow the centre policy on administration of medication. I have signed previously granting staff permission to seek medical attention when needed for my child.

Signature of Parent/Guardian (1): _____ Date: _____

Signature of Parent/Guardian (2): _____ Date: _____

PERMISSIONS:

I give my permission for: (Please circle YES or NO)

- 1. My child to be transported on the Liwara school bus or public transport YES / NO

- 2. My child to participate in all activities offered in the Liwara out of school hours care centre. I agree it is my responsibility to familiarise myself with the program and to advise the centre in writing if I do not wish my child to participate in a particular activity. YES/NO

- 3. For staff at the centre to take my child on excursions by foot within the local community. YES / NO

- 4. My child being observed by staff and students for programming purposes. YES / NO

- 5. **a)** My child's photograph, to be taken or recorded at the centre for use within the centre (May include photo development and/or printing outside the centre) YES / NO

- b)** Publish my child's photograph, name and age in local papers or publicity Materials in regard to publicity for the centre. YES / NO

- c)** Use my Child's photo for School and Catholic Education Office publications, publicity and website. YES / NO

Signature of Parent/Guardian (1): _____ Date: _____

Signature of Parent/Guardian (2): _____ Date: _____

PARENT PARTICIPATION:

- 1. Can you contribute skills, talents or cultural experiences to our centre, i.e. music, cooking, storytelling, sewing, cultural based craft activities etc.

- 3. Do you have any suggestions on how parents can be involved in our centre?

Please tick below the days you anticipate your child will be attending the centre each week.

Starting Date: _____

Before School Care (7:00am – 8:35am)

MON	TUE	WED	THUR	FRI	OCCASIONALLY

After School Care (3:00pm – 6:00pm)

MON	TUE	WED	THUR	FRI	OCCASIONALLY

PAYMENT

Before school - \$15.00 per session

After School - \$25.00 per session

We do require one week in advance with the fees and to remain one week in advance, (please refer to the parent hand book)

Payments can be made in the following ways:

- Eftpos at the centre (we accept Visa and MasterCard)
- Cash payment to staff
- Cheque payment to staff
- Bank transfer (please see staff for details)
- Direct debit (see form attached)

Please state which payment method you would prefer: _____

Please note we require one week notice for any cancelled days and a cancelation form must be completed and given to staff. Otherwise you will be charged.

PARENT'S STATEMENT

The information given in this enrolment form is true and correct.

Signature of Parent/Guardian (1) : _____ Date: _____

Signature of Parent/Guardian (2) : _____ Date: _____

(Failure to provide the above information will result in the non-acceptance of the child.)

**(We also require a copy of your child's birth certificate)
(Please attach)**

Attached (please Tick)