

OUT OF SCHOOL HOURS CARE ENROLMENT FORM 2009

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or post to VenuesWest Arena Joondalup
PO Box 33 Joondalup WA 6919
Ph: (08) 9300 7136 Web: www.arena.wa.gov.au

How did you hear about this programme? <input type="checkbox"/> Friend <input type="checkbox"/> Newspaper ad <input type="checkbox"/> Catalogue <input type="checkbox"/> Website <input type="checkbox"/> Pulse <input type="checkbox"/> Internal marketing <input type="checkbox"/> Other	
<i>The following information is confidential</i>	
ESSENTIAL INFORMATION: Please add, otherwise enrolment cannot be processed.	
Parent 1, Date of Birth	
Parent 1, CRN	
Child's CRN	
PARENT 1 DETAILS	
Family name	Given name
Title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other:	
Address	
Suburb	Postcode
Telephone (H)	Telephone (W)
Mobile	Email
Language	
Mother's place of work	Hours of work
PARENT 2 DETAILS	
Family name	Given name
Title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other:	
Date of birth	
Address	
Suburb	Postcode
Telephone (H)	Telephone (W)
Mobile	Email
Language	
Father's place of work	Hours of work

PARENT/GUARDIAN'S REGISTRATION AGREEMENT

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

- We have viewed the Arena Joondalup Out of School Hours Care Centre (hereafter called the Centre) and consent to the enrolment of the admitting child/ren (hereafter referred to as the child).
- We acknowledge having received and read the Centre's Handbook and we understand any changes to such will result in updated copies of the Handbook made available from Childcare staff at Kids Corner at the Centre.
- We agree to comply with all Government requirements in relation to the Centre and its service.
- I/we are aware that the person/s nominated here as parent/guardian are the authorised parties to enrol, cancel enrolment, release and have the Centre release the children to.
- We agree that in the case of accident, illness 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 an ambulance and we agree to meet the expense of an Ambulance. In the case of an emergency as determined by the Staff at the Centre, we authorise the Centre to contact an Ambulance and send our Child/ren to hospital.
- We regret we are unable to care for sick children or children with contagious illnesses. Medicine or tablets will only be administered to children by supervisors under written authorisation of a Medical Practitioner, Panadol cannot be administered without written authorisation.
- We agree to pay the weekly fee by cash, credit card or cheque on the due day as determined by the Centre's payment requirement or as agreed to by the Centre.
- We are aware that it is our responsibility to maintain a current Centrelink Income Assessment Notice for Child Care Assistance purposes.
- We are aware that we are required to complete a form confirming our work status if claiming more than 20 hours of Childcare Assistance per week, and a Parent Statement form to support any claim for more than 50 hours of Childcare Assistance per week. (Vacation Care Services only)
- We understand that where our application for Childcare Assistance for children less than 7 years old, we will have 28 days to meet immunisation requirements or to obtain an exemption. Failure to meet these requirements will result in a cancellation of Childcare Assistance after the 28-day period. A copy of child's immunisation if under 7 years is required by Arena Joondalup.
- 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.

- We are aware that if we fail to pay the fees, any childcare assistance payable will be cancelled and we will become responsible for the total amount of fees.
- A We are aware that fees for public holidays will be incurred.
- B We are aware that sickness and non-attendance days are payable to ensure my child's place at the centre.
- C We are aware that the Centre closes over Easter / Christmas / New Year and other public holidays.
- We understand that a system of payment for late departures operates at the Centre to cover overtime payments due to staff. We are aware that we are obliged to drop off and pick up the child as negotiated with the centre. Any late collection will result in a fee being imposed. Should the child/children fail to be collected at a reasonable time; the proper authorities will be contacted.
- We are aware that where Childcare Assistance is not available we are responsible for the total amount of the fees. We are aware that any failure to pay due fees within 30 days may result in cancellation of care at the Centre's option. We are aware that fees may need to be adjusted from time to time with due notice given to parents.
- We are willing to make other arrangements for the care of the child, if requested by the Centre.
- We agree to inform the Supervisor of any changes that may affect the priority for care or which may affect the amount of Childcare Assistance due.
- In the case of respite care, should the position be required by a family already working/studying alternative days or termination of care might be necessary.
- 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.
- We are aware that the Centre may require the presentation of a medical certificate in the event of the child developing a medical disability or abnormality.
- We give permission for the child to participate in outings to places of interest in close proximity to the Centre, eg. walking distance.
- We give/do not give permission for the child to be photographed for the purpose of publicity and/or promotions for the Centre.
- We give/do not give permission for the child to receive individual observation by students on accredited training programmes in the Centre.
- We give/do not give permission for the child to receive support from a bilingual worker (ECCRU).
- We agree to provide the Centre all information regarding the Health of our child any other information required by the Centre.
- We are aware that if we fail to provide information correctly as required by the Centre, the Centre will be able to terminate services forthwith.
- We are aware that the Centre may occasionally have visitors to the Centre and have volunteers that may assist at the Centre. We consent to our child being in the presence of volunteers or visitors, with the Centre's appropriate supervision.
- We, the, Arena Joondalup Out of School Hours Care Centre, agree to provide quality care and opportunities for children to socialise and enjoy a combination of constructive and free play. I am willing for my child/children to participate in all activities offered in the Arena Joondalup Before and After School Care Programme. I agree it is my responsibility to familiarise myself with the programme before the start of each term and to advise the staff in writing if I do not wish my child/children to participate in a particular activity.
- 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.
- We agree to allow children to complete homework if they wish at Arena Joondalup Centre.
- We have read this Contract, and received relevant information about the service offered by this Centre for the care of:

Name(s) of Child(ren)

We agree to abide by the conditions of use of the Centre and this Contract.

Signature Parent/Guardian

Date

Signature Witness

Signature Parent/Guardian

Date

Signature Witness

Signature Parent/Guardian

Date

Signature Witness

EMERGENCY CONTACT 1 DETAILS	
Surname	First name
Address	
Suburb	Postcode
Telephone (H)	Telephone (W)
Mobile	Relationship
EMERGENCY CONTACT 2 DETAILS	
Surname	First name
Address	
Suburb	Postcode
Telephone (H)	Telephone (W)
Mobile	Relationship

DOCTOR'S NAME	Phone		
Address			
Medicare #	Private health fund		
CUSTODY ACCESS Who is authorised to collect child/ren from Arena Joondalup OSHC centre?			
(Name of relationship)			
CHILD 1 INFORMATION			
First name			
Child's family name			
Date of birth	Age	<input type="checkbox"/> Male <input type="checkbox"/> Female	School
Child's CRN			
Place of birth	*Medical conditions		
Languages	*Illness/Accident History		
Child lives with	<input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Both		
Immunisation records	Dates		
DTP	Triple Antigen	ALL IMMUNISATIONS COMPLETED <input type="checkbox"/> NON-IMMUNISED <input type="checkbox"/>	
HAE	Haemophilus Influenzae Type B		
HIB	Diphtheria Tetanus Pertussis A		
MMR	Measles Mumps Rubella		
POS	Poliomyelitis Oral Sabin		
*Child's swimming level			
*Please use the following criteria to rate your child's swimming level:			
1.	Non-swimmer		
2.	Swims with floaties in deep water		
3.	Can swim less than 10m unassisted in deep water		
4.	Can swim up to 25m unassisted in deep water		
5.	Can swim competently up to 50m or more in deep water		

CHILD 2 INFORMATION			
First name			
Child's family name			
Date of birth	Age	<input type="checkbox"/> Male <input type="checkbox"/> Female	School
Child's CRN			
Place of birth	*Medical conditions		
Languages	*Illness/Accident History		
Child lives with	<input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Both		
Immunisation records	Dates		
DTP	Triple Antigen	ALL IMMUNISATIONS COMPLETED <input type="checkbox"/> NON-IMMUNISED <input type="checkbox"/>	
HAE	Haemophilus Influenzae Type B		
HIB	Diphtheria Tetanus Pertussis A		
MMR	Measles Mumps Rubella		
POS	Poliomyelitis Oral Sabin		
*Child's swimming level			
*Please use the following criteria to rate your child's swimming level:			
1.	Non-swimmer		
2.	Swims with floaties in deep water		
3.	Can swim less than 10m unassisted in deep water		
4.	Can swim up to 25m unassisted in deep water		
5.	Can swim competently up to 50m or more in deep water		

CHILD 3 INFORMATION			
First name			
Child's family name			
Date of birth	Age	<input type="checkbox"/> Male <input type="checkbox"/> Female	School
Child's CRN			
Place of birth	*Medical conditions		
Languages	*Illness/Accident History		
Child lives with	<input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Both		

