



catholic out of school hours care

2019 ENROLMENT APPLICATION FORM

COSHC TO
AFFIX
PHOTO OF
CHILD IN
SCHOOL
UNIFORM 1ST
DAY

Enrolment procedure

You will need to complete a COSHC Application for Enrolment Form. The information required on this enrolment form conforms to the requirements of the Education and Care Services National Regulations 2011, Public Health Act 2010 and the Privacy Act 1988.

The Administration Fee is a non-refundable fee of \$50 per child payable on initial enrolment. (This is a one off fee and will not be charged annually). The Attendance Fee is a sessional fee invoiced fortnightly in advance.

COSHC Centre: _____

CHILD'S NAME: _____

DAYS REQUESTED: BSC: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

ASC: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Additional notes: _____

COMMENCEMENT DATE: ____ / ____ / ____

Class: _____

Does your child have any siblings? ☐ Yes ☐ No If yes, please give details

How many children in total do you have attending registered childcare? _____

Child's name:

Child's Details

Family Name: _____

Given Names _____

Other names child is known by: _____

Child Care Benefit – Child Customer Reference Number: _____

Date of Birth: ____/____/____ Gender: ☐ Male ☐ Female

Child's Legal Guardian: _____

Child's Residential Address _____

Phone Number _____ Country of Birth _____ Religion _____

Language spoken at home _____ Cultural Background _____

Is your child of Aboriginal or Torres Strait Islander Descent? ☐ Yes ☐ No

Is there anyone prohibited from having contact with or collecting the above named child? ☐ Yes ☐ No

If Yes, provide Name(s): _____

Please speak to the Centre Coordinator and provide further details.

Are there custodial arrangements or injunction orders relevant to the above named child? ☐ Yes ☐ No

If yes, you need to provide a copy of the court order prior to your child's commencement date.

Does your child attend another Out of School Hours Care service? ☐ Yes ☐ No

Parent /Carer One

(Mr, Mrs, Miss): _____ Family Name: _____

Given Names: _____

Child Care Benefit – Parent Customer Reference Number _____

Date of Birth: _____ Country of Birth: _____

Will you be the Billing Master ☐ Yes ☐ No (Only 1 Billing Master - Name appears on statements and payment receipt)

Relationship to child: _____ Occupation: _____

Place of work: _____ Work Days/Hours: _____

Cultural Background: _____ Language spoken at home: _____

Home Address: _____

Home Phone: _____ Mobile: _____ Work Phone: _____

Personal Email Address: _____

Invoices will be sent to this
← email address

Child's name:

Parent / Carer Two

(Mr, Mrs, Miss): _____ Family Name: _____

Given Names: _____

Date of Birth: _____ Country of Birth: _____

Relationship to child: _____ Occupation: _____

Place of work: _____ Work Days/Hours: _____

Cultural Background: _____ Language spoken at home: _____

Home Address: _____

Home Phone: _____ Mobile: _____ Work Phone: _____

Personal Email Address: _____

Invoices will be sent to this
← email address

Authorised Nominees Details – (COSHC Policy 2.3.4 – 16 years and over)

Please list details of Authorised Nominees below. (Please nominate if the person is authorised to collect your child, consent to medical treatment and administration of medication and can authorise an Educator to take the child outside of the COSHC premises). In the event that you are unable to be reached one of the below nominated persons will be contacted. *(Photo identification must be provided on initial collection).*



In the event of a medical emergency you or one of your Authorised Nominees must be able to arrive at the centre within 30 minutes to collect your child or an ambulance will be called.

Nominated Contact Person 1 (In addition to Parent/Carer one and Parent/Carer two):

(Mr, Mrs, Miss): _____ Name: _____

Relationship to child: _____

Home Phone: _____ Mobile: _____ Work Phone: _____

Address: _____

Collect / Deliver child to / from the service	Y / N	If the parent / carers of the child cannot be contacted this person should be notified of any accident, injury, trauma or illness involving your child	Y / N
Give permission for excursions (within school grounds)	Y / N		
Consent to medical treatment	Y / N		
Permit transport of child by ambulance	Y / N		

Nominated Contact Person 2 (In addition to Parent/Carer one and Parent/Carer two):

(Mr, Mrs, Miss): _____ Name: _____

Relationship to child: _____

Home Phone: _____ Mobile: _____ Work Phone: _____

Address: _____

Collect / Deliver child to / from the service	Y / N	If the parent / carers of the child cannot be contacted this person should be notified of any accident, injury, trauma or illness involving your child	Y / N
Give permission for excursions (within school grounds)	Y / N		
Consent to medical treatment	Y / N		
Permit transport of child by ambulance	Y / N		

Child's name:

Nominated Contact Person 3 (In addition to Parent/Carer one and Parent/Carer two):

(Mr, Mrs, Miss): _____ Name: _____

Relationship to child: _____

Home Phone: _____ Mobile: _____ Work Phone: _____

Address: _____

Collect / Deliver child to / from the service	Y / N	If the parent / carers of the child cannot be contacted this person should be notified of any accident, injury, trauma or illness involving your child	Y / N
Give permission for excursions (within school grounds)	Y / N		
Consent to medical treatment	Y / N		
Permit transport of child by ambulance	Y / N		

Emergency / Medical Details

Doctor's Name: _____

Phone Number: _____

Address: _____

Dentist's Name: _____

Phone Number: _____

Address: _____

Medicare number: _____

Private Health Care Fund: _____

Private Health Care Member number and position on card: _____

Health Information

Immunisation

Is your child immunised?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, please provide Medical Exemption Form or recognised catch-up schedule.
Is your child's immunisation up to date?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

From 1 January 2018, parents must provide a copy of one or more of the following documents to enrol in a child care centre:

- a [Medicare Immunisation History Statement](#) which shows that the child is up to date with their scheduled vaccinations or
- a [Medicare Immunisation History Form](#) on which the immunisation provider has certified that the child is on a recognised catch-up schedule (temporary for 6 months only) or
- a [Medicare Immunisation Medical Exemption Form](#) which has been certified by a GP.

No other form of documentation is acceptable (i.e. Blue Book). The documents must be stored by the service in a secure location for 3 years, unless a child transfers to another child care centre.

Please provide a copy of your child's Immunisation History Statement, Medicare Immunisation Medical Exemption Form or recognised catch-up schedule to proceed with enrolment (information can be accessed through Medicare at www.medicareaustralia.gov.au.)


IMPORTANT Your enrolment will be not confirmed until you have provided a current action plan and medication.

Child's name:

Medical History/Special Needs

Has your child had any of the following?

<input type="checkbox"/> Measles	<input type="checkbox"/> Mumps	<input type="checkbox"/> Rheumatic Fever	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> German Measles
<input type="checkbox"/> Ear Trouble	<input type="checkbox"/> Convulsions	<input type="checkbox"/> Scarlet Fever	<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> None of the listed conditions



NOTE: If your child has a medical condition – their **enrolment will NOT be confirmed** until the service has received an **ACTION PLAN** from a doctor and **MEDICATION**. Medication at COSHC must be in the original packaging and we require a note from a doctor. Parents are also required to complete a medication form.

Does your child have a history of any major illness or undergone surgery? ☐ Yes ☐ No

If yes, please provide details: _____

Allergies

Does your child have ANY **DIAGNOSED ALLERGIES**? ☐ Yes ☐ No

Please provide a **coloured copy** of the action plan.

If yes, please attach your child's Allergy Action Plan from the Medical Practitioner, provide the COSHC with the appropriate medication and make an appointment to meet the COSHC Coordinator to develop a personalised risk minimisation plan for your child. Please give details of allergy, state type, triggers and treatment:

Anaphylaxis

Has your child been **DIAGNOSED** at risk of **ANAPHYLAXIS**? ☐ Yes ☐ No

If yes, please attach your child's Anaphylaxis Action Plan from the Medical Practitioner, provide the COSHC with the appropriate medication and make an appointment to meet the COSHC Coordinator to develop a personalised risk minimisation plan for your child. Please give details of allergy, state type, triggers and treatment:

Asthma

Is your child currently **DIAGNOSED** with **ASTHMA**? ☐ Yes ☐ No

If your child is diagnosed with Asthma, do they receive regular medication? ☐ Yes ☐ No

If yes, please attach your child's Asthma Action Plan from the Medical Practitioner, provide the COSHC with the appropriate medication and make an appointment to meet the COSHC Coordinator to develop a risk minimisation plan for your child.

Please give details of triggers and treatment:

Child's name:

Medical Management Plans

If your child has an ongoing medical condition, such as, ADHD, Epilepsy or Diabetes, you must provide the COSHC with your child's Management Plan from the Medical Practitioner and provide the COSHC with the appropriate medication and make an appointment to meet the COSHC Coordinator to develop a risk minimisation plan for your child.

Medical Management Plan Attached? ☐ Yes ☐ No If yes, please give details

Is your child on any regular medication? ☐ Yes ☐ No If yes, please give details

Additional Needs or Support

Does your child have any additional needs that we should be aware of?
For example, has your child attended speech therapy, occupational therapy, or physiotherapy?
Have they had an assessment from a Pediatrician?

☐ Yes ☐ No

If yes, please provide details:

Please note, this does not impede your child's chance to attend the COSHC but assists us to know how best to help your child.

Does your child have any specialised dietary needs? Religious ☐ Yes ☐ No | Medical ☐ Yes ☐ No

If yes, please provide details:

Child's name:

Child's Routine and Self Help Skills

The following information is required to assist in your child's transition from home to the COSHC. Does your child need assistance during the following:

Eating ☐ Yes ☐ No | **Dressing** ☐ Yes ☐ No | **Toileting** ☐ Yes ☐ No [If yes, please give details](#)

Rest, relaxation and sedentary activities are offered to each child in order to promote their wellbeing. Please specify how your child rests, for example, listens to calm music, reads a book or list other quiet activities:

What are some of your **child's interests and strengths**?

What are some **family interests or customs** that you would like to share with the COSHC? (e.g. cultural songs, dances, cooking, celebrations, art etc.)

Is there any other information you would like to share about any **special requirements, cultural or religious beliefs** that the educators should be aware of? (e.g. any other cultural or religious celebrations)

Please provide any **other information** that will assist us in caring for and educating your child:

Child's name:

Communication and Participation with COSHC

If you have any interests and talents that you would be happy to share with the COSHC please list below:

I/we would you like to receive the following COSHC information electronically?

Newsletters	<input type="checkbox"/> Yes <input type="checkbox"/> No	Notice board info	<input type="checkbox"/> Yes <input type="checkbox"/> No	Upcoming Events	<input type="checkbox"/> Yes <input type="checkbox"/> No
Meetings	<input type="checkbox"/> Yes <input type="checkbox"/> No	Parent handbook	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reminders	<input type="checkbox"/> Yes <input type="checkbox"/> No	Enrolment forms	<input type="checkbox"/> Yes <input type="checkbox"/> No		

If yes, please provide email address _____

Additional Information

Are your childcare needs work/study related?	Y / N	Is your child from a culturally and linguistically diverse background?	Y / N
Aboriginal/ Torres Strait Islander family	Y / N	Disabled person in the family	Y / N
Lower income	Y / N	Single parent	Y / N
Non English speaking background	Y / N	Socially isolated	Y / N
Does your child require English language assistance?	Y / N		
What year do you intend to send your child to high school?			
What high school do you intend to enrol your child?			

Parent Agreements – I/We authorise and/or agree to:

Sunscreen: For my child to use the sunscreen provided by COSHC. <i>(If no, I will provide a suitable alternative).</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Publicity: My child to be filmed or photographed, for media broadcasting and COSHC publicity purposes as required – no further permission is needed.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Websites: My child's photo and/or first name to be displayed on the COSHC website.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Access to Animal/Pets: My child to have access to animals or pets on the Catholic Out of School Hours Care premises for educational purposes.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cooking Experiences: My child to eat food made in cooking experiences at the COSHC. (Staff will take allergies into consideration when serving food).	<input type="checkbox"/> Yes <input type="checkbox"/> No
Observations, Photographs, Videos: My child to be observed by staff for educational records, programs and documentation purposes. These may appear in the daily story or another child's learning portfolio.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Band-aids/Plastic Dressing Strips: COSHC educators applying band-aids/plastic dressing strips, if needed.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Any special instructions:

Child's name:

Payment of fees

I/We understand invoices will be sent on a fortnightly basis to the email addresses listed on this enrolment form.

I/We understand that in the event my fees remain unpaid beyond one week from the invoice due date, that my child's enrolment will be cancelled and that my child will no longer be permitted to attend until my fees are paid in full and up-to-date as per COSHC policy.

I/We understand that any changes to the permanent bookings will require two weeks notice and I will be required to sign a new CWA (Complying Written Arrangement).

I/We understand that in the event my child is absent from COSHC our normal attendance is payable.

For example family vacation, sick, non-immunised child being excluded due to an outbreak of a vaccine preventable disease, visiting family member/friend looking after my child, non-attendance on pupil-free days).

Both Parents/Carers to sign below:

Signature: _____ Date: _____

Name: _____

Signature: _____ Date: _____

Name: _____

Child's name:

Standard Collection Notice 2019

Available at: <http://www.parra.catholic.edu.au/policy-central>

1. Catholic Education Diocese of Parramatta (CEDP), its schools, Catholic Early Learning Centres (CELCS) and Catholic Out of School Hours Care services (COSHCS) collect personal information, including sensitive information about pupils and parents or guardians before and during the course of a pupil's enrolment at the School. This may be in writing or in the course of conversations. The primary purpose of collecting this information is to educate pupils, exercise our duty of care, and perform necessary associated administrative activities, which will enable pupils to take part in all relevant activities.
2. Some of the information we collect is to satisfy our legal obligations, particularly to enable us to discharge our duty of care.
3. Laws governing or relating to the operation of schools and child care require certain information to be collected and disclosed. These include relevant education, public health and child protection laws.
4. Health information about pupils is sensitive information within the terms of the Australian Privacy Principles (APPs) under the Commonwealth Privacy Act 1988. We may ask you to provide medical reports about pupils from time to time.
5. We may disclose personal and sensitive information for legal, educational, administrative and support purposes. This may include to: other schools; government departments and agencies; Catholic Schools NSW; the local diocese and the parish; medical practitioners; people providing educational, support and health services, including specialist visiting teachers, coaches, volunteers and counsellors; providers of learning and assessment tools; assessment and educational authorities, including the Australian Curriculum, Assessment and Reporting Authority and NAPLAN Test Administration Authorities (who will disclose it to the entity that manages the online platform for NAPLAN); people providing administrative and financial services; anyone you authorise us to disclose information to; and anyone to whom we are required or authorised to disclose the information to by law, including child protection laws.
6. Personal information collected from pupils is regularly disclosed to their parents or guardians.
7. We may use third party online or 'cloud' service providers to store personal information and to provide services that involve the use of personal information. Some limited personal information may also be provided to these service providers to enable them to authenticate users that access their services. Further information about our use of third party online or 'cloud' service providers is contained in the CEDP Privacy Policy.
8. The CEDP Privacy Policy, accessible on the CEDP website, sets out how parents or pupils may seek access to and request correction of their personal information which we have collected and hold. However, access may be refused in certain circumstances such as where access would have an unreasonable impact on the privacy of others, where access may result in a breach of our duty of care, or where pupils have provided information in confidence.
9. The CEDP Privacy Policy also sets out what action parents and pupils can take in relation to a breach of privacy laws.
10. We may, from time to time, engage in fundraising activities. Information received from you may be used to make an appeal to you. It may also be disclosed to organisations that assist our fundraising activities solely for that purpose. We will not disclose your personal information to third parties for their own marketing purposes without your consent.
11. Occasionally, information such as academic and sporting achievements, pupil activities and similar news is published in our newsletters, magazines, and on our website. This may include photographs and videos of pupil activities such as sporting events, school camps and school excursions. We will obtain permissions from the pupil's parent or guardian (and from the student if appropriate) if we would like to include such photographs or videos, or other identifying material, in our promotional material or otherwise make this material available to the public, such as on the internet.
12. We may include pupils' and parents' contact details in a class list and in our directories.
13. If you provide us with the personal information of others, such as doctors or emergency contacts, we encourage you to inform them that you are disclosing that information to us and why.
14. You may obtain further information by contacting the Catholic Education Diocese of Parramatta on (02) 9840 5600 or at privacy@parra.catholic.edu.au.

Child's name:

Signatures

1. I / We hereby declare that the information given is accurate and agree to notify the COSHC immediately if there are changes to the above information.
2. I / We have read, understand and will abide by the enrolment conditions set out in this form and the policies and procedures of the Catholic Out of School Hours Care.
3. I/We understand that the signatory/signatories on this enrolment form are legally responsible to pay in full COSHC fees in accordance with the COSHC fee Policy.
4. I/We understand that as a part of the Child Care Subsidy (CCS) changes in July 2018, there is a requirement to document with Parents / Carers more information regarding the attendance of your child. Each family is required to sign a Complying Written Arrangement (CWA) which outlines your child's attendance and a new CWA will be required if attendance changes.
5. I/We understand the legal obligations of the Catholic Out of School Hours Care with respect to the health and safety of my child/children.
6. I acknowledge the information required for enrolment is gathered in accordance with the principles of the **National Privacy Act** and the Catholic Education Diocese of Parramatta **Privacy Policy**. I acknowledge receipt of the '**Standard Collection Notice**'. (If further information is required please refer to policy folder).
7. I understand that paracetamol will only be administered under an approved medical treatment plan written by a medical practitioner.
8. If my child's temperature rises above 38 degrees and I/we the parents/carers are not able to collect our child within 30 minutes, and/or the temperature rises to 39.5 degrees, I/We understand that an ambulance will be called for immediate treatment. In the event that I am not covered by health insurance for the cost of an ambulance service, I/We understand that the ambulance expenses will be covered under the CEO Diocese of Parramatta Group Cover Insurance through Ambulance NSW.
9. I/We have ensured that in the event that we as parent(s)/carer(s) are not able to collect our child within 30 minutes of an emergency call from the Centre that the nominated authorised contact person(s) listed on the enrolment form will be able to collect my child within 30 minutes or earlier.
10. I/We acknowledge a First Aid qualified (Emergency /Asthma) staff member will administer the correct dosage of Asthma medication to my child if he/she is showing symptoms of having an asthma attack.
11. In the event of my child presenting with an Anaphylactic reaction, I/We acknowledge a First Aid (Emergency Anaphylaxis) qualified staff member to administer a dose of Adrenaline through an Adrenaline Auto-injector (e.g. EpiPen or Anapen). (Please note that the Adrenaline Auto-injector is only kept for emergency situations. If your child is known to have Anaphylactic reactions, you MUST provide an Adrenaline Auto-injector for COSHC each day they are in attendance).
12. I/We understand that the COSHC due to Regulation 87 under the Public Health Act 2010, is not able to proceed with enrolment of my child unless I provide the **Immunisation History Statement, Medical Exemption Form** to proceed with enrolment.
13. In the event of an emergency, illness or accident concerning my child, I/We authorise the service to seek treatment from a medical practitioner, medical centre, dentist or hospital for which it may include transport in an ambulance. I/We give consent to the carrying out of appropriate medical, dental or hospital treatment or transport in an ambulance as deemed necessary by the Doctor, Dentist or Paramedic. Parents may be responsible for any medical expenses that may occur. In the event that families are not covered by health insurance for the cost of an Ambulance service, Ambulance expenses are covered under the CEO Diocese of Parramatta Group Cover Insurance through Ambulance NSW.
14. I/We acknowledge that the COSHC Policies are accessible at the service and copies are available upon request.
15. I/We understand in the event of an emergency, the children will be required to evacuate the premises and will assemble at a central point of safety. I/We understand that the evacuation procedure will be practiced throughout the year and the children will be fully supervised by staff.

Both Parents/Carers to sign below:

Signature	_____	Signature	_____
Name of Parent/Carer	_____	Name of Parent/Carer	_____
Date	_____	Date	_____

Child's name:

Office Use Only

Enrolment Checklist (Office Use Only) (Centre coordinator to sign and date when completed)

Administration Fee		Medicare Number	
<u>All</u> data entered into Hubworks		Medical Management Plans	
Child's Birth Certificate – original cited and copy on file		Acknowledgment of additional requirements/needs	
Parent I.D Photos		Specialist Reports	
Court Orders		Immunisation History Statement, Medical Contraindication Form or the Conscientious Objection Form	
Parent Agreements		Non-Immunisation Register Up-dated	
First Day of Attendance		Diagnosed Disability	Y / N