



# NUNDLE PUBLIC SCHOOL

## Parents & Citizens Association

### Out of School Hours Care (OOSH)

#### Enrolment Form

Nominated Supervisor: Susan Rieger  
Ph: 0438936457

Child Care Educator: Claire Borchard  
Ph: 0400438485

95 Jenkins Street, Nundle NSW 2340

*If you need help to understand this form or the attached Conditions of Enrolment, Privacy Statement and Parental Consent forms, please ask the Nominated Supervisor of Nundle Public School P&C OOSH for assistance. Please write as clearly as possible on this form.*

**Family Name:**

Office Use Only:

Start Date:

Immunisation Documents provided:

Additional Health Plans provided (if required):

Parents/Guardian Signatures:

Copy of Legal/Custody Orders (if required):

Info updated on Kidsoft:

## **Welcome!**

The staff of Nundle Public School P&C Association Out of School Hours Care (OOSH) welcomes you to our centre. We trust you will find your time with our service a happy and rewarding one.

Nundle Public School P&C OOSH is a 15-place service operated by the Nundle Public School Parents and Citizens Association in the school grounds. We are a self-funded, not for profit organisation.

### **Philosophy of Nundle Public School P&C Out of School Hours Care:**

Our service aims to provide high quality care for primary school aged children. Our goal is to create a community environment that is primarily fun, healthy, safe and interactive for children, families and staff.

We will achieve this by:

- Embracing each child's uniqueness.
- Welcoming, encouraging and respecting each child.
- Communicating in a responsive and inclusive manner.
- Consistency of staff in positively guiding the behaviour of children.
- Including the input and participation of families to further improve our service.
- Creating a network of links with the local community.
- Identifying and responding to the differing children needs.
- Including activities and experiences in our programs that are fun and develop the children's physical, emotional, social, intellectual, language and creative skills.
- Staff, children and families working jointly together on implementing activities and experiences into the program which enables children to discover, explore, learn and grow.
- Children and staff working jointly to evaluate the programs.
- Supporting children's creative play and the development of life skills.
- Promoting healthy eating and providing nutritious food at all times.
- Putting appropriate policies and procedures into place.
- Caring for the health requirements of each child.
- Ensuring our service is a safe environment.
- Caring for the environment.
- Children can make their own choices, express their ideas.
- Holding in the highest regard, the importance of protecting children.

### **Nundle P&C OOSH Management:**

Nundle Public School Parents and Citizens Association OOSH are the management committee. The Nominated Supervisor is responsible for the daily operation of the service, including staffing requirements, administration, fees, enrolments, menu planning and daily programming of the centre. To ensure that the needs of the parents and the school community are met, the OOSH committee meets regularly to discuss issues and general operation of the service. This group comprises of a staff member of the school, Nominated Supervisor plus members of the P&C Committee.

### **Hours of Operation:**

Nundle P&C OOSH is open from 3:00pm - 6:00pm Monday and Friday during the school terms and 9:00am - 3:00pm Monday, Wednesday, Friday during most school holidays. (Operating dates will be advertised in the school newsletter. Alternatively, you can contact the centre to confirm operating dates for school holidays). Late fees will apply to any child collected after 6:00pm even when the centre has been notified.

### **Conditions of Enrolment:**

Nundle P&C OOSH aims to provide a quality, caring and safe After School Care and Vacation Care program for your child/children. The Nundle Public School P&C Association seeks your co-operation by complying with the conditions set out below. Your signature on the Enrolment Form indicates your acceptance of these conditions.

- The Out of School Hours Care/Vacation care Enrolment Form must be completed and any extra necessary paperwork provided prior to acceptance of any child into the program.
- All children who attend After School Care or Vacation care must be booked in. Parents/Guardians will be telephoned and asked to collect children if this is not so. Extra Charges will also be incurred.

### **Priority of access:**

The centre has approval to hold up to 15 places. If necessary, this number can be lower, at the discretion of the Nominated Supervisor, to ensure the safe supervision of children.

Our responsibility is to ensure that places are made using the priority of access guidelines set down by the Federal Government. Therefore, our service will take children into care on the following basis:

- Fulltime/Part time permanent children take priority over casual placements.
- A child at risk of serious abuse or neglect.
- Children whose parents satisfy the work/training/study test under section 14 of the Family Assistance Act.
- Sibling attending After School Care.
- Any other child.

Within each of these priorities the following children are to be given priority:

- Children in Aboriginal or Torres Strait Islander families.
- Children in families that include a person with a disability.
- Children in families on low incomes.
- Children in families with a non-English speaking background.
- Children in socially isolated families and children of single parents.

### **Fees:**

Nundle Public School P&C OOSH fees are as follows:

After School Care (3pm-6pm):

Permanent bookings	\$20.00 per session per child
Casual bookings	\$22.00 per session per child

Vacation Care (9am-3pm): \$40.00 per child

Late cancellations and same day/emergency bookings will incur an extra \$10 charge.

Any child collected after 6:00pm will incur late fees. A late fee of \$15.00 for the first 10 minutes and a further \$5.00 per minute after that will be charged for any child who is collected after the closing time of 6:00pm even if the centre has been notified in advance.

### **Methods of payment - Fees:**

All fees are to be paid on a monthly basis. Accounts will be sent to parents at the beginning of a new month. Payment is to be made via direct deposit. Bank details for bank transfers can be found on your invoice.

Please make prompt payments to allow the continuation of the service.

Accounts in arrears will incur an overdue fee and the child or children's placement cancelled.

Any overdue accounts that remain unpaid at the end of each financial year will be referred to a debt recovery agency.

### **Bookings:**

All bookings must be made through the Nominated Supervisor, Susi Rieger on 0438936457. Please do not contact the school office.

Permanent bookings will be given preference over casual bookings. If your child cannot attend for any reason you are responsible for contacting Susi in advance to cancel any bookings. You will not be charged for cancelling bookings if notice is given. Late cancellations will incur charges.

Casual use of the centre is dependent on whether there are spaces available on the days required. These bookings are to be made 24 hours in advance, you can either call or text Susi on 0438936457.

Same day or emergency bookings for After School Care need to be organised with Susi. This again is dependent on how many children are already booked into OOSH, these bookings need to be made before 12:00pm; we cannot take bookings after 2:00pm. Extra charges will be incurred for emergency bookings. Please do not contact the school office.

**Please remember it is your responsibility to contact the Nominated Supervisor if there are any changes to your bookings.**

**Nundle Public School P&C Committee are responsible for management of this service please contact the Nominated Supervisor for any enquiries, please do not contact the school office.**

## **Child Care Subsidy:**

The Child Care Subsidy (CCS) is the main government payment available to support families with the cost of child care.

The CCS replaced the Child Care Benefit and Child Care Rebate in 2018. In most cases CCS is paid directly to early childhood providers and passed on to families as a reduction in fees.

Typically, families pay their provider the difference between the fee charged and the subsidy amount (this is often referred to as "the gap").

Only parents of children (less than 20 years of age) who are fully immunised or are on a recognised catch-up schedule can receive the Child Care Subsidy.

### **How much child care subsidy will my family receive?**

Under the Child Care Subsidy the amount of financial support a family receives will depend on three factors:

1. Combined family income
2. How much work/activity the parents do
3. The type of care a family chooses to use

#### **1. Combined family income**

As briefly mentioned above the CCS is means tested, which means how much your family earns affects how much subsidy you will receive. The government says the goal is to offer more support to lower income families.

The table below summarises the amount of subsidy available to families at various income levels which take effect as of 11th July 2022.

<b>Combined family income per year</b>	<b>Subsidy per cent (of the actual fee charged or relevant hourly rate cap whichever is lower)</b>
Up to \$72,466	85 per cent of fees
More than \$72,466 to below \$177,466	Decreasing to 50 per cent of fees*
\$177,466 to below \$256,756	50 per cent of fees
\$256,756 to below \$346,756	Decreasing to 20 per cent of fees*
\$346,756 to below \$356,756	20 per cent of fees
\$356,756 or more	No subsidy applies

\* The subsidy gradually decreases by 1 per cent for each additional \$3,000 of family income

#### **2. How much work/activity the parents do**

The CCS encourages parents to return to work, by reducing the cost of care for people in employment.

This means the more work or approved activity a person undertakes, the more subsidised care they are entitled to, up to a maximum of 100 hours per fortnight. This is called an activity test.

In families with two parents, both parents (unless an exemption applies) must meet the activity test and the parent with the lowest hours of work or approved activity will determine how much subsidised care the family is entitled to.

Step	Hours of activity per fortnight	Maximum number of hours of subsidy per child per fortnight
1	8 - 16 hours	36 hours
2	16 - 48 hours	72 hours
3	More than 48 hours	100 hours

### Approved activities

To meet the activity test parents can be involved in a wide range of paid and unpaid activities including:

- Paid work, including leave
- Self-employment
- Unpaid work for the family business
- Training for the purpose of up-skilling or improving employment prospects
- Study or tertiary education
- Volunteering
- Active job seeking
- Paid parental leave including maternity leave

In addition, activities can be combined to determine the maximum hours of subsidy so a parent could be working and studying part time and volunteering on the weekends and the total number of hours across all those activities would be used to work out how much subsidy will be paid.

Travel time can also be included and it's important to note that the activity hours do not need to coincide with when the child is in an early childhood service.

### Exemption from the activity test

In some instances, the activity test may not apply, which means parents do not need to be working the requisite number of hours to receive the subsidy. This is the case for families earning \$66,958 (reference Dept of Education Child Care Safety Net) or less, who can access 24 hours of subsidised care per child per fortnight.

### 3. The type of care a family chooses to use

Under the CCS the type of child care your family uses is the third factor which affects the amount you receive. Centre based long day care attracts the highest subsidy, family day care comes next and outside school hours attracts the lowest subsidy.

The maximum hourly subsidies are summarised in the table below:

Type of child care service	Maximum hourly rate cap
Centre based care (long day care and occasional care)	\$12.74 or \$11.15 for school aged children
Family day care	\$11.80
Outside school hours care (before, after and vacation care)	\$12.74 or \$11.15 for school aged children
In Home Care (per family)	\$34.64

It's important to note child care providers charge their own fees and the rates above reflect the maximum subsidy amount, not the fees that will be charged. These caps are the maximum provided under the Child Care Subsidy and are used in combination with family income and activity levels to determine exactly how much subsidy a family receives.

In situations where a child care provider charges less than the maximum hourly cap set by the government, families receive the subsidy as the applicable percentage of the fee charged, and when a service charges more than the hourly cap, families have to pay the gap between what the subsidy covers and what the provider charges.

Source: CareforKids.com.au

CareforKids.com.au has developed a Child Care Subsidy Calculator, which you can use to estimate the level of subsidy your family may be entitled to receive.

You can access the Child Care Subsidy Calculator here:  
<https://www.childcaresubsidycalculator.com.au/>

### **Privacy and Confidentiality:**

Our service ensures that your information will be kept private and confidential and will not be disclosed inappropriately.

### **Grievances and Complaints:**

Grievances should be made calmly and as soon as possible. In the first instance, any grievance should be reported to the Nominated Supervisor. If that is not possible it should be directed to the Principal of Nundle Public School.

A grievance form will need to be completed, signed and dated.

### **Service Policies and Procedures:**

Our policies and procedures are available for your viewing at any time.

### **Mandatory Reporting:**

Nundle Public School P&C Staff are all defined as mandatory reporters by NSW Legislation and are legally required to identify and report any risk of significant harm to children.

### **Transportation**

Nundle Public School P&C OOSH does not offer transportation of children.



### **Managing medical conditions:**

Families will be asked to inform the service of any medical conditions, including asthma, anaphylaxis or diabetes, the child may have at the time of enrolment. This information will be recorded on the child's enrolment form.

Upon notification of a child's medical condition, the service will provide the family with a copy of the Managing Medical Conditions and Medication Administration policy in accordance with regulation 91.

Specific or long term medical conditions will require the completion of a medical management plan developed in conjunction with the child's doctor and family.

It is a requirement of the service that a risk minimisation plan and communication plan is developed in consultation with the child's family. The Coordinator will meet with the family and relevant health professionals as soon as possible prior to the child's attendance to discuss the content of the plan to assist in a smooth and safe transition of the child into the service.

### **Immunisation:**

Nundle P&C OOSH may accept children regardless of their immunisation status. Nundle P&C OOSH draws parents' attention to the National Immunisation Scheme and Family Assistance Laws. Only parents of children (less than 20 years of age) who are fully immunised or are on a recognised catch-up schedule can receive the Child Care Subsidy and the Family Tax Benefit Part A end of year supplement.

### **Sun Smart Policy:**

All children will wear a Sun Smart hat that protects the face, neck, ears and crown of the head whenever they are outside or on an excursion. Suitable hats include:

- A broad brimmed hat with a brim size of at least 6cm.
- A legionnaire hat.
- A bucket style hat with a brim size of at least 5cm and a deep crown.

Note: baseball caps do not provide protection for the neck, ears and cheeks and are therefore not permitted.

Children without hats will be asked to play in the shade.

When outdoors, all children will wear Sun Smart clothing that protects as much of the skin as possible, especially the shoulders, back and stomach. Clothing requirements include:

- Loose fitting shirts or dresses, with collars and sleeves that cover the shoulders and chest.
- Trousers or longer style skirts and shorts.
- Closed toe shoes to protect feet Closely woven fabrics

Note: midriff and singlet tops are not permitted.

SPF 30+ broad spectrum water resistant sunscreen will be available to be applied 20 minutes before going outdoors.

# Conditions of Enrolment

***I understand that my responsibilities towards Nundle Public School Parents and Citizens (P&C) Association Outside of School Hours Care (herein referred to as OOSH) program as a parent/ guardian are:***

1. To accurately read and complete the enrolment form and attend an enrolment interview with the Nominated Supervisor. All completed forms and medical documents must be supplied before any child is accepted into the centre. I understand I may also be required to attend other interviews when requested.
2. To immediately report to the Nominated Supervisor if there are any changes in my circumstances, contact details, my child/ren's health details or any changes as to who is allowed to collect my child/ren from the OOSH.
3. To notify the centre if my child/ren is unable to attend on a booked day. Notification must be made as soon as possible. **To cancel permanent care bookings - 1 week notice is required.**
4. To collect my child/ren no later than 6.00pm or a fee of \$15 for the first 10 minutes, or part thereof and \$5.00 per minute thereafter, will be charged for each child collected after 6.00pm.
5. To ensure that I do not send my child/ren to the OOSH if they are unwell.
6. If my child/ren needs medication while at the OOSH, I will ensure that I bring the medication in its original packaging, labelled with my child's name, check that it is within its expiry date, hand the medication to staff and complete and sign the Authority to Administer Medication Form.
7. To report to the Nominated Supervisor if my child/ren contracts a vaccine-preventable disease i.e. Measles, Mumps, Rubella, Chicken-Pox, Polio, Diphtheria, Pertussis (whooping cough), Tetanus, or Meningitis/Meningococcal Infection. I understand I am to comply with the Department of Health regulations by notifying the Nominated Supervisor and excluding my child/ren from care for the duration of the illness.
8. To report to the Nominated Supervisor if my child/ren contracts Covid-19. I understand I am to comply with the Department of Health regulations by notifying the Nominated Supervisor and excluding my child/ren from care for the duration of the illness.
9. To ensure my child/ren understand that they are to be well behaved while at the OOSH. Understand that in the first instance of unacceptable behaviour, I will be informed by the Nominated Supervisor with a view to rectifying the said behaviour. However, I understand that **Nundle Public School P&C OOSH reserves the right to decline bookings for my child/ren for continued unacceptable behaviour (as deemed by the Nominated Supervisor).**
10. To ensure any fees are paid on time each month. I understand that the OOSH has the right to decline bookings for care if I have an outstanding balance on my monthly account of 28 days or more. *(If you are having financial difficulties, please discuss this with the Nominated Supervisor to organise a suitable payment plan).*

***I have read and understood the above conditions. I hereby agree to abide by them.***

**Name (Please Print):** ..... **Signature:** .....

**Date:** ..... **Relationship to child/ren:** .....

# NUNDLE PUBLIC SCHOOL

## Parents & Citizens Association

### Out of School Hours Care

#### (OOSH)

#### Privacy Statement for Enrolment Form

The personal information provided by you in this form, will be used by staff at Nundle Public School P&C OOSH to provide your child with a safe and high quality after school care and vacation care.

The information will be accessible to the relevant OOSH staff involved with the provision of the child/ren's care. The information may be disclosed to the Department of Community Services (DOCS), a Court of Law or other government agencies if we are required by law to do so; or with a health agency if there is a serious and imminent threat to a person's life, health or safety. Otherwise, this information will only be disclosed with your prior written consent, with the intended recipient of the information and the reason for sharing the information being clearly stated.

Some of the personal information collected in this form may be sensitive information, such as health information about your child. If you do not provide any of the information requested in this form it may prevent or otherwise affect our ability to enrol your child/ren, to allow their participation in centre activities, or effectively care for them.

You have the right under the Privacy and Personal Information Act (2000), to request access to your personal information and update such information if required. You can contact the Nominated Supervisor at Nundle Public School P&C OOSH to obtain a copy of our Privacy Policy. These records are stored securely at the Nundle Public School P&C OOSH centre.

*By signing this form, I acknowledge that I have read and understood this Privacy Statement and consent to the collection, use and disclosure of personal information asked for in the attached Enrolment Form in accordance with the above statement. Where I have provided information about another individual, I declare that the stated individual has been made aware of this fact and the contents of this Privacy Statement.*

**Name (Please print)** .....

**Signature:** ..... **Date:** .....

### Care Required

I would like <b>Permanent Care</b> (please circle)	<b>Mon</b>	<b>Fri</b>
I would like <b>Casual Care</b> (please circle)	<b>Mon</b>	<b>Fri</b>

I would like <b>Vacation Care</b> (please circle)	<b>Mon</b>	<b>Wed</b>	<b>Fri</b>
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### Child Details

	Child 1	Child 2	Child 3	Child4
Child's Family Name:				
Child's First Name:				
Child's Middle Name:				
Date of Birth:				
Male/ Female:				
Child resides with:	Parent/Guardian 1 Parent/Guardian 2	Parent/Guardian 1 Parent/Guardian 2	Parent/Guardian 1 Parent/Guardian 2	Parent/Guardian 1 Parent/Guardian 2
Child's Centrelink CRN:				
Is your child of Aboriginal or Torres Strait Islander origin?	No / Aboriginal / Torres Strait Islander / Both / South Sea Islander (Please circle)	No / Aboriginal / Torres Strait Islander / Both / South Sea Islander (Please circle)	No / Aboriginal / Torres Strait Islander / Both / South Sea Islander (Please circle)	No / Aboriginal / Torres Strait Islander / Both / South Sea Islander (Please circle)
Primary Language spoken at home:				
Other Languages spoken:				
Do you have any Religious/Cultural upbringing you wish us to respect? <i>If yes, please provide specific details</i>				

### Parent Details

Parent/Guardian 1 Mr    Mrs    Ms    Other:	Parent/Guardian 2 Mr    Mrs    Ms    Other:
Family Name:	Family Name:
Given Name:	Given Name:
Street Address:	Street Address:
Suburb:                                  Post Code:	Suburb:                                  Post Code:
Relationship to the child/ren:	Relationship to the child/ren:
Date of Birth:	Date of Birth:
Home Phone:	Home Phone:
Mobile:	Mobile:
Email:	Email:
Occupation:	Occupation:
Employer:	Employer:
Full Work Address:	Full Work Address:
Work Phone:	Work Phone:
Parent responsible for payment of invoice:	Parent responsible for payment of invoice:
Are you of Aboriginal or Torres Strait Islander origin? No / Aboriginal / Torres Strait Islander / Both / South Sea Islander (Please circle)	Are you of Aboriginal or Torres Strait Islander origin? No / Aboriginal / Torres Strait Islander / Both / South Sea Islander (Please circle)
Child living with Parent/Guardian 1: Yes / No	Child living with Parent/Guardian 2: Yes / No
Siblings living in same household (Please write down name/s):	Siblings living in same household (Please write down name/s):

### Legal/ Custody Details

Are there any court documents or custody disputes regarding your child?	Yes /No
If yes, please provide any relevant information.	
(Please supply a copy of these papers to the OOSH before your child attends. The original papers will need to be sighted by our staff)	
<b>IMPORTANT: Nundle Public School P&amp;C OOSH is unable to enforce any custody arrangements without a copy of the relevant (original) court orders being provided.</b>	

### Authorised Nominees

An Authorised nominee is a person who has been given permission by a parent or family member to collect the child or is authorised to give consent to medical treatment or authorise administration of medicine. A person who is authorised to authorise an educator to take the child outside the services premises if the parent cannot be contacted.

There may be times or situations where your child has had an accident, injury, trauma or illness and parent/s cannot be reached. To deal with these situations the service will notify the following person to collect and care for the child. This person must provide identification when collecting the child.

I. Name:	2. Name:
Relationship to child:	Relationship to child:
Full Address:	Full Address:
Home Ph:	Home Ph:
Work Ph:	Work Ph:
Mobile Ph:	Mobile Ph:
<b>Please Tick:</b> <ul style="list-style-type: none"> <li><input type="radio"/> Authorised Person for collecting child/ren</li> <li><input type="radio"/> Authorised to consent to medical treatment or to authorise administration of medication to the child/ren</li> <li><input type="radio"/> Authorised to authorise educator to take child/ren outside of the service premises</li> <li><input type="radio"/> Authorised to be contacted in emergency/incident involving your child if you cannot be contacted</li> </ul>	<b>Please Tick:</b> <ul style="list-style-type: none"> <li><input type="radio"/> Authorised Person for collecting child/ren</li> <li><input type="radio"/> Authorised to consent to medical treatment or to authorise administration of medication to the child/ren</li> <li><input type="radio"/> Authorised to authorise educator to take child/ren outside of the service premises</li> <li><input type="radio"/> Authorised to be contacted in emergency/incident involving your child if you cannot be contacted</li> </ul>
3. Name:	4. Name:
Relationship to child:	Relationship to child:
Full Address:	Full Address:
Home Ph:	Home Ph:
Work Ph:	Work Ph:
Mobile Ph:	Mobile Ph:
<b>Please Tick:</b> <ul style="list-style-type: none"> <li><input type="radio"/> Authorised Person for collecting child/ren</li> <li><input type="radio"/> Authorised to consent to medical treatment or to authorise administration of medication to the child/ren</li> <li><input type="radio"/> Authorised to authorise educator to take child/ren outside of the service premises</li> <li><input type="radio"/> Authorised to be contacted in emergency/incident involving your child if you cannot be contacted</li> </ul>	<b>Please Tick:</b> <ul style="list-style-type: none"> <li><input type="radio"/> Authorised Person for collecting child/ren</li> <li><input type="radio"/> Authorised to consent to medical treatment or to authorise administration of medication to the child/ren</li> <li><input type="radio"/> Authorised to authorise educator to take child/ren outside of the service premises</li> <li><input type="radio"/> Authorised to be contacted in emergency/incident involving your child if you cannot be contacted</li> </ul>

**Medical Information**

Doctor's Name:	
Address:	
Phone No:	
Medicare No:	
Medicare Expiry Date:	
Child/ren's numbers on Medicare card: (list below)	
Child 1 Name/Number:	Child 2 Name/Number:
Child 3 Name/Number:	Child 4 Name/ Number:
Private Health Fund: Yes          No	Fund Name:

*Please note: The above medical information is required to ensure that your child/ren gets the best possible care in the event of an Emergency.*

## Medical History

**CHILD 1-NAME:**

<i>Please answer the following:</i>	<i>Please Circle</i>	<i>If Yes - please provide SPECIFIC details below</i>
Has your child had any serious illness in the past?	Yes / No	
Does your child currently have any serious illness or medical conditions?	Yes / No	
Does your child have any disabilities, behavioural conditions or additional needs?	Yes / No	If Yes, please give the Nominated Supervisor of OOSH a copy of a referral or assessment by an appropriate professional. Name of referring agency/doctor:
Is your child taking any regular medication?	Yes / No	
Does the medication have any side effects? Please provide any relevant information. Be specific.	Yes/No	
Has your child ever been diagnosed with Asthma?	Yes /No	If Yes, please attach a copy of your child's Asthma Action Plan. <i>Note: Action Plans are to be no more than 12 months old.</i>
Does your child have ANY allergies; these may include allergies to food, medicines, pets, grasses & pollens, bee sting, sunscreens, antiseptics, etc.?	Yes /No	If Yes, please attach a copy of your child's Allergies Action Plan.
Has your child ever been diagnosed with or at risk of anaphylaxis?	Yes /No	If Yes, please <del>attach</del> attach a copy of your child's Anaphylaxis Action Plan.
Does your child have Epilepsy?	Yes /No	If Yes, please attach a copy of your child's Epilepsy Management Plan.
Has your child been fully immunised as per the NSW Immunisation Schedule?		Yes      No
If YES, we require a copy of your Child's Immunisation History Statement.		
Special Considerations - Is there any other information you wish us to know about your child? (Special food requirements/restrictions, religious considerations, fears etc.)	Yes /No	



## Medical History

**CHILD 2 - NAME:**

<i>Please answer the following:</i>	<i>Please Circle</i>	<i>If Yes - please provide SPECIFIC details below</i>
Has your child had any serious illness in the past?	Yes / No	
Does your child currently have any serious illness or medical conditions?	Yes/ No	
Does your child have any disabilities, behavioural conditions or additional needs?	Yes / No	If Yes, please give the Nominated Supervisor of OOSH a copy of a referral or assessment by an appropriate professional. Name of referring agency/doctor:
Is your child taking any regular medication?	Yes/ No	
Does the medication have any side effects? Please provide any relevant information. Be specific.	Yes /No	
Has your child ever been diagnosed with Asthma?	Yes /No	If Yes, please attach a copy of your child's Asthma Action Plan. <i>Note: Action Plans are to be no more than 12 months old.</i>
Does your child have ANY allergies, these may include allergies to food, medicines, pets, grasses & pollens, bee sting, sunscreen, antiseptics, etc?	Yes /No	If Yes, please attach a copy of your child's Allergies Action Plan.
Has your child ever been diagnosed with or at risk of anaphylaxis?	Yes / No	If Yes, please attach a copy of your child's Anaphylaxis Action Plan.
Does your child have Epilepsy?	Yes / No	If Yes, please attach a copy of your child's Epilepsy Management Plan.
Has your child been fully immunised as per the NSW Immunisation Schedule? <span style="float: right;">Yes      No</span>		
If YES, we require a copy of your Child's Immunisation History Statement.		
Special Considerations - Is there any other information you wish us to know about your child? (Special food requirements /restrictions, religious considerations, fears etc.)	Yes/ No	

## Medical History

**CHILD 3 - NAME:**

<i>Please answer the following:</i>	<i>Please Circle</i>	<i>If Yes - please provide SPECIFIC details below</i>
Has your child had any serious illness in the past?	Yes /No	
Does your child currently have any serious illness or medical conditions?	Yes /No	
Does your child have any disabilities, behavioural conditions or additional needs?	Yes/ No	If Yes, please give the Nominated Supervisor of OOSH a copy of a referral or assessment by an appropriate professional. Name of referring agency/doctor:
Is your child taking any regular medication?	Yes/No	
Does the medication have any side effects? Please provide any relevant information. Be specific.	Yes/No	
Has your child ever been diagnosed with Asthma?	Yes / No	If Yes, please attach a copy of your child's Asthma Action Plan. <i>Note: Action Plans are to be no more than 12 months old.</i>
Does your child have ANY allergies, these may include allergies to food, medicines, pets, grasses & pollens, bee sting, sunscreens, antiseptics, etc.?	Yes/ No	If Yes, please attach a copy of your child's Allergy Action Plan.
Has your child ever been diagnosed with or at risk of anaphylaxis?	Yes /No	If Yes, please attach a copy of your child's Anaphylaxis Action Plan.
Does your child have Epilepsy?	Yes/No	If Yes, please attach a copy of your child's Epilepsy Management Plan.
Has your child been fully immunised as per the NSW Immunisation Schedule?		Yes      No
If YES, we require a copy of your Child's Immunisation History Statement.		
Special Considerations - Is there any other information you wish us to know about your child? (Special food requirements/restrictions, religious considerations, fears etc.)	Yes/ No	

## Medical History

**CHILD 4 - NAME:**

<i>Please answer the following:</i>	<i>Please Circle</i>	<i>If Yes -please provide SPECIFIC details below</i>
Has your child had any serious illness in the past?	Yes / No	
Does your child currently have any serious illness or medical conditions?	Yes / No	
Does your child have any disabilities, behavioural conditions or additional needs?	Yes / No	If Yes, please give the Nominated Supervisor of OOSH a copy of a referral or assessment by an appropriate professional. Name of referring agency/doctor:
Is your child taking any regular medication?	Yes / No	
Does the medication have any side effects? Please provide any relevant information. Be specific.	Yes / No	
Has your child ever been diagnosed with Asthma?	Yes / No	If Yes, please attach a copy of your child's Asthma Action Plan. <i>Note: Action Plans are to be no more than 12 months old.</i>
Does your child have ANY allergies, these may include allergies to food, medicines, pets, grasses & pollens, bee sting, sunscreens, antiseptics, etc.?	Yes / No	If Yes, please attach a copy of your child's Allergies Action Plan.
Has your child ever been diagnosed with or at risk of anaphylaxis?	Yes / No	If Yes, please attach a copy of your child's Anaphylaxis Action Plan.
Does your child have Epilepsy?	Yes / No	If Yes, please attach a copy of your child's Epilepsy Management Plan.
Has your child been fully immunised as per the NSW Immunisation Schedule?		Yes      No
If YES, we require a copy of your Child's Immunisation History Statement.		
Special Considerations - Is there any other information you wish us to know about your child? (Special food requirements/restrictions, religious considerations, fears etc.)	Yes / No	

## Likes and Dislikes

Please write down what your child/ren like/s and dislike/s. This will help us to plan appropriate, so every child has a great time at OOSH.

### Food

Likes:

Dislikes:

### Activities

Likes:

Dislikes:

## Communication

What is the best way to communicate with you, the parent?

Please tick:

Phone Call

SMS

Email

Whats App

Messenger

**Parental Consents**

**1. Photo Permission:**  
 I give permission for my child/ren to be photographed on an excursion, participating in an activity, or for administration/identification purposes and to use any photograph/s produced of my child/ren for general publication (Nundle Public School Newsletter), including photography or video taken for publicity at Nundle Public School P&C OOSH.  
  
 Signature: .....

Please Circle  
  
  
  
 Yes/ No

**2. Medical, dental or hospital treatment in an emergency:**  
  
 In the event of an emergency, illness or accident, I acknowledge that a representative from Nundle Public School P&C OOSH will seek immediate medical, emergency or dental treatment for my child from a registered medical practitioner, hospital or NSW Ambulance Service. This may include transportation via ambulance to hospital.  
 I accept liability for any medical or ambulance expenses as may be incurred. I understand the OOSH will contact me or other authorised contacts after emergency services have been contacted.  
  
 Signature:.....

**3. Administering First Aid:**  
  
 In the event of minor injuries or illness, I acknowledge that a representative from Nundle Public School P&C OOSH will administer first aid to my child/ren.  
  
 Signature: .....

**Parental Consents continued**

**4. Permission for the application of sunscreen:**

I give permission for sunscreen to be administered to my child/ren whilst they are in the care of Nundle Public School P&C OOSH.

If No, please specify alternative action:

Signature: .....

Please Circle

Yes/ No

**5. Administration of Allergy Treatment and Anaphylaxis**

**Emergency Kit:**

I acknowledge that if my child/ren has no known allergy but appears to be having an anaphylactic reaction whilst at the OOSH, or otherwise in Nundle Public School P&C OOSH care, the Supervisor/educator will call an ambulance and a staff member with a current Anaphylaxis & Asthma First Aid Certificate, will follow the recommended treatment. This may involve the administration of an EpiPen from the centre's Anaphylaxis Emergency Kit.

Signature: .....

**AUTHORITY FOR DVDs AND OTHER ACTIVITIES**

In case of rainy and cold days, I agree to allow my child/ren to watch movies, listen to music, and play computer games and WII fit games. Only movies and games deemed appropriate by staff, which have a G or PG rating, will be shown.

Do you agree to the above:      Yes                      No

Parent/Guardian Signature: .....

## General Permission

Child/Children's Name: \_\_\_\_\_

I give permission for my child/children to participate in excursions within walking distance, i.e., Library, Park, River/Creek, Tennis Court of Nundle Public School. I understand these excursions will be fully supervised at all times and a Risk Assessment has been done.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

## Swimming

I give permission for my child/children to attend Nundle Swimming Pool. I understand that no more than 5 children will be taken at one time. I also understand that these visits to the pool will be fully supervised.

Please circle response.

**My child is a strong swimmer:** My child is a strong swimmer and is very confident in deep water.

**My child is an average swimmer:** My child is a reasonable swimmer but not confident in deep water.

**My child is a weak swimmer:** My child is comfortable in shallow water but cannot swim well.

**My child is a non-swimmer:** My child is unable to swim.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Checklist	
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Double check that contact details are correct	
CRN Details provided	
Medical Action Plans provided (if applicable)	
Medications supplied (if applicable)	
Custody/ Court Orders provided (if applicable)	
Immunisation History provided	
Consents completed and signed	
All pages signed as required	

**SUBMISSION OF THIS FORM:**

**To submit this form, please either:**

1. Leave the form along with any other applicable forms, medications or information that need to be supplied to Nundle Public School P&C OOSH, at the school office or
2. Contact the Nominated Supervisor, Susi Rieger on 0438936457, to arrange an appointment.

Details of Adult registered with Family Assistance Office (FAO) for Child Care Benefit:	
Name:	Date of Birth:
Centrelink Customer Reference Number (CRN):	

It is vital that we have all children's and parent's Centrelink Reference Numbers, before families use the OOSH, to ensure correct billing. Enrolments cannot be completed without these numbers.



**Applicant's Acknowledgement**

**True and Correct Information:**

I state that all information supplied on this enrolment form is true and correct, and all information that may affect the care of my child/ren has been included. I understand that providing false or misleading information could lead to immediate termination of my child's care.  
I understand it is my responsibility to inform Nundle Public School P&C OOSH immediately of any changes to the information supplied on this enrolment form, in writing.

**Signature:** .....

**Name (Please Print):** .....

**Release or Indemnity from Parent/Guardian:**

I acknowledge that my child/ren will be exposed to all normal risks associated with their participation in this program. In consideration of the acceptance of my child/ren in this program, I hereby agree to indemnify Nundle Public School P&C Out of School Hours Care and its agents and keep them indemnified against all claims, demands, actions and liabilities of any kind (other than as a direct result of negligence of Nundle Public School P&C Out of School Hours Care and its employees) in the course of my child's participation and attendance.

**Signature:** .....

**Name (Please Print):** .....

**Final Acknowledgement:**

By signing this form, I agree to all the acknowledgements, consents, indemnities, arrangements, conditions and agreements as indicated in this document and outlined in the Nundle Public School P&C OOSH Policy and Procedures. I understand that the Conditions of Enrolment may be updated at any time by the Nundle Public School P&C OOSH and I will be provided a copy of the updated Conditions.

I agree I have read and answered all questions and provided action plans OR alternative actions to facilitate my child/ren's safety, welfare and well-being whilst in the care of Nundle Public School P&COOSH.

**Parent/Guardian 1:**

**Date:**

**Signature:** ..... **Name:** .....

**Parent/Guardian 2:**

**Date:**

**Signature:** ..... **Name:**.....