



Bakers Hill
Out of School Hours Care

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ENROLMENT FORM

Child Details

Child's Surname: _____ First Names: _____

Residential Address: _____

_____ Post Code: _____

Postal Address: _____

_____ Post Code: _____

Date of Birth: _____ Male/Female: _____ School: _____ Grade: _____

Is the child of Aboriginal or Torres Strait Islander heritage? **YES/NO**

Customer Reference Number (CRN): _____ - _____ - _____

Immunised: **YES/NO** If "NO" please refer to "Parent Handbook" (20) Allergies:

Medical Conditions: _____

Dietary Needs: _____

Is there any other information we should know about this child? _____

Family Doctor: _____

Address: _____

Post Code: _____ Telephone: _____ Medicare No: _____

Ambulance Fund: _____

Health Fund: _____ Health Fund No: _____

Parent/Guardian (1)

Surname: _____ First Names: _____ D.O.B: _____

Postal Address: _____

_____ Post Code: _____

Telephone No: Home: _____ Work: _____ Mobile: _____

Parent CRN: _____ - _____ - _____ Drivers Licence No: _____

Place of Work: _____

Email: _____

Parent/Guardian (2)

Surname: _____ First Names: _____ D.O.B: _____

Postal Address: _____

_____ Post Code: _____

Telephone No: Home: _____ Work: _____ Mobile: _____

Place of Work: _____

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

Signature of parent/guardian 1: _____ Date: _____

Name of parent/guardian 1: _____

Signature of parent/guardian 2: _____ Date: _____

Name of parent/guardian 2: _____

OTHER PERSONS AUTHORISED TO COLLECT THE CHILD FROM THE SERVICE

Person 1:

Surname: _____ First Names: _____

Residential Address: _____

_____ Post Code: _____

Home Phone: _____ Work Phone: _____ Mobile: _____

Relationship to the Child: _____

Person 2:

Surname: _____ First Names: _____

Residential Address: _____

_____ Post Code: _____

Home Phone: _____ Work Phone: _____ Mobile: _____

Relationship to the Child: _____

EMERGENCY CONTACT DETAILS AND COLLECTION DETAILS

Further persons to be contacted in case of emergency/ authorised to consent to medical treatment for the Child or to authorise administration of medication the Child.

Authorised to take the Child from the Service's premises OR to give approval for an educator to take the child out of the Service.

Please note, persons must be of good health, easily contactable, within close proximity to the service and capable of dealing with emergencies.

Emergency Contact Person (1)

Surname: _____ First Names: _____

Address: _____

_____ Post Code: _____

Home Phone: _____ Work Phone: _____ Mobile: _____

Relationship to the Child: _____

Emergency Contact Person (2)

Surname: _____ First Names: _____

Address: _____

Home Phone: _____ Work Phone: _____ Mobile: _____

Relationship to the Child: _____

CUSTODY OR ACCESS ARRANGEMENTS:

Are there any court orders relating to the guardianship, custody or access to the child? **YES/NO**

If yes, please provide details: _____

AUTHORISATION FORMS

Does your child have any special health needs? **YES/NO**

(ie Asthma, diabetes, epilepsy, allergies (anaphylaxis), special dietary requirements,) If yes, please specify. Also please specify any First Aid Treatments your child may be allergic to (ie Band-Aids, insect repellents and sunscreen. _____

You and your Doctor may be required to complete a "Special Needs Health Form" and or "Emergency Action Plan" to ensure the centre is fully prepared to manage your child's special health needs, including staff appropriately trained to administer medical or other actions to manage the child's condition.

ADMINISTRATION OF MEDICATIONS:

I/we understand that for all medications I must complete and sign an Authority to Administer Medication Form on the days that the medication is to be administered. **YES/NO**

I/we have read and agreed to follow the centre policy" **If the Child Requires Medication" (22)**
YES/NO

Signature of parent/guardian 1: _____ Date: _____

Name of parent/guardian 1: _____

Signature of parent/guardian 2: _____ Date: _____

Name of parent/guardian 2: _____

MEDICAL OR HOSPITAL ATTENTION AND EMERGENCY TRANSPORT

In the event of accident or illness (when centre is unable to contact parents/guardians or authorised persons), I/we consent to medical or hospital attention being sought for the child. **YES /NO**

In the case of emergency I/we agree for my child to be transported by private car/ambulance. I/we agree to pay expenses incurred for medical treatment and transport. **YES/ NO**

Signature of parent/guardian 1: _____ Date: _____

Name of parent/guardian 1 _____

Signature of parent/guardian 2: _____ Date: _____

Name of parent/guardian 2: _____

PERMISSIONS:

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

YES/NO My child to participate in all activities offered in the education and care service. I agree it is my responsibility to familiarise myself with the program and to advise the service in writing if I do not wish my child to participate in a particular activity.

YES/NO For educators at the service to take my child on excursions by foot within the local community. Destinations may include, Bakers Hill Recreation Centre, Bakers Hill Tennis/Golf Club.

YES/NO My child to be observed by educators and students for programming purposes.

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

YES/NO My child's photograph, name and age to be published in local papers and for any marketing materials which will be used to advertise our service.

YES/NO I have read and agree to the Children's **"Toileting Policy"** in the Parent Handbook. (41)

YES/NO I have read and understand the Refusal of Authorisation for a child to leave the centre policy in the Parent Handbook.

YES/NO I have read and understand that Bakers Hill Out of School Hours Care is unable to provide snacks as per our licence regulations.

YES/NO I understand that if my child brings food that needs to be refrigerated, it is the parent's responsibility to ensure that it is placed in the fridge provided.

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

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

PAYMENT OF FEES

I/we have read and understand the **Payment of Fees** (6) as outlined in the Parent Handbook

Signature of parent/guardian 1 _____ Date _____

Name of parent/guardian 1 _____

Signature of parent/guardian 2 _____ Date _____

Name of parent/guardian 2 _____

PARENT PARTICIPATION

Can you contribute skills or talents to our service, ie music, cooking, storytelling, woodwork, sewing etc? _____

Would you be interested in joining our Parent Consultative Committee? **YES/ NO**

Do you have any suggestions on how parents can be involved in our centre? _____

**Licensed to open 6.30am – 8.30am / 3.00pm – 6.00pm (Not on Public Holidays)
7.30am - 6.00pm Vacation Care & on selected Student Free days.**

Booking Sheet

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

Before School Care- \$25 per child per session

Mon		Tues		Wed		Thurs		Fri		Casual/Flexible	
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After School Care - \$30 per child per session

Mon		Tues		Wed		Thurs		Fri		Casual/Flexible	
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Kindy After School Care - Wednesday ONLY school term \$30 or \$50 per child per session

Wed 11.30 – 3.00 - \$30		Wed 11.30 – 6.00 - \$50		Casual/Flexible	
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Vacation Care Booking - \$80 per day per child per session

Week 1

Mon		Tues		Wed		Thurs		Fri		Casual/Flexible	
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Week 2

Mon		Tues		Wed		Thurs		Fri		Casual/Flexible	
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Week 3

Mon		Tues		Wed		Thurs		Fri		Casual/Flexible	
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Week 4

Mon		Tues		Wed		Thurs		Fri		Casual/Flexible	
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Week 5

Mon		Tues		Wed		Thurs		Fri		Casual/Flexible	
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Childs Name: _____ Date to Commence: _____

Payment of Fees details are in the **“Parent Handbook” (6)**. To obtain a Customer Reference Number (CRN), for Child Care Subsidy (CCS), please contact Family Assistance Office on **13 61 50** urgently. For further information regarding CCS, please go the <http://www.humanservices.gov.au/customer/services/centrelink/child-care-subsidy> website.

TERMS AND CONDITIONS: *It is the responsibility of parents/guardians to be familiar with the contents of the Information in the Parent Handbook.*