

# KOOSH



Kurnell OOSH - KOOSH  
Kurnell Public School  
Cnr Dampier & Torres Streets  
KURNELL NSW 2231  
0466 457 084

## ENROLMENT FORM

### FAMILY CIRCUMSTANCES

Please tick the option that is relevant to you:

- ☐ New Family
- ☐ Existing Family

Are there any family, religious or cultural requirements that should be known?

---

---

### Family Status: (please tick appropriate answer)

- ☐ Both parent/guardians - (both parent/guardians must be completed)
- ☐ Both grandparents (both grandparents must be completed)
- ☐ Single mother/female guardian (one parent/guardian must be completed)
- ☐ Single father/male guardian (one parent/guardian must be completed)
- ☐ Single grandparent (one grandparent must be completed)
- ☐ Shared custody/divorce (one parent/guardian must be completed) If yes, to shared custody/divorce (please supply a copy of Family Law or Court Orders)

Do both parents/carers have access to the child?

- ☐ YES
- ☐ NO

If no, please provide details:

---

---

---

---

### FIRST CHILD'S DETAILS

First Name		Surname	
Second Name		Gender	
Language		Country of Birth	
School		Date of Birth	
Grade		Address	

CRN# full fees will be charged if this is not given		
---	--	--

Is this child affected by any allergies: if yes, has the child been diagnosed as being at risk of anaphylaxis Please provide details ☐ YES ☐ NO

If yes, a current ASCIA plan is required. The education and care service will require a risk minimisation plan to be completed in collaboration with parent.

Details \_\_\_\_\_  
\_\_\_\_\_

Are there any foods this child is allergic to: if yes, please provide details ☐ YES ☐ NO

Details \_\_\_\_\_  
\_\_\_\_\_

Does your child have asthma: if yes, please provide details and attach current medical asthma plan. The education and care service will require a risk minimisation plan to be completed in collaboration with parent.

☐ YES ☐ NO

Details \_\_\_\_\_  
\_\_\_\_\_

Are there any foods this child should not eat due to dietary requirements: If yes, please provide details ☐ YES ☐ NO

Details \_\_\_\_\_  
\_\_\_\_\_

Is this child on any prescription medication: if yes, please provide details. Please refer to the Centre's policy on the Administration of Medication. Please describe effects of medication that educators should be aware of: ☐ YES ☐ NO

Details \_\_\_\_\_  
\_\_\_\_\_

Does this child have any medical conditions that the centre should know about: if yes, please provide details ☐ YES ☐ NO

Details \_\_\_\_\_  
\_\_\_\_\_

Does this child have any physical or sensory impairment that the staff should know about: if yes, please provide details ☐ YES ☐ NO

Details \_\_\_\_\_  
\_\_\_\_\_

Does this child have behaviour management issues? (eg. ADHD, non-responsive, etc.): if yes, please provide details ☐ YES ☐ NO

Details \_\_\_\_\_  
\_\_\_\_\_

Is your child immunised? Yes No (Please attach a copy of immunisation). \_\_\_\_\_

–  
☐ Is your child's photo attached

☐ Is a copy of your child's action plan/ doctor's certificate, Centre's Medication Form and Deed of Indemnity attached (if required)

**SECOND CHILD'S DETAILS – if more than two children, please copy this page**

First Name		Surname	
Second Name		Gender	
Language		Country of Birth	
School		Date of Birth	
Grade		Address	
CRN# full fees will be charged if this is not given			

Is this child affected by any allergies: if yes, has the child been diagnosed as being at risk of anaphylaxis Please provide details ☐ YES ☐ NO

If yes, a current ASCIA plan is required. The education and care service will require a risk minimisation plan to be completed in collaboration with parent.

Details \_\_\_\_\_  
\_\_\_\_\_

Are there any foods this child is allergic to: if yes, please provide details ☐ YES ☐ NO

Details \_\_\_\_\_  
\_\_\_\_\_

Does your child have asthma: if yes, please provide details ☐ YES ☐ NO

Details \_\_\_\_\_  
\_\_\_\_\_

Are there any foods this child should not eat due to dietary requirements: If yes, please provide details ☐ YES ☐ NO

Details \_\_\_\_\_  
\_\_\_\_\_

Is this child on any prescription medication: if yes, please provide details. Please refer to the Centre's policy on the Administration of Medication. Please describe effects of medication that educators should be aware of: ☐ YES ☐ NO

Details \_\_\_\_\_  
\_\_\_\_\_

Does this child have any medical conditions that the centre should know about: if yes, please provide details ☐ YES ☐ NO

Details \_\_\_\_\_  
\_\_\_\_\_

Does this child have any physical or sensory impairment that the staff should know about: if yes, please provide details ☐ YES ☐ NO

Details \_\_\_\_\_  
\_\_\_\_\_

Does this child have behaviour management issues? (Eg. ADHD, non-responsive, etc): if yes, please provide details ☐ YES ☐ NO

Details \_\_\_\_\_  
\_\_\_\_\_

- ☐ Is your child's photo attached
- ☐ Is a copy of child's immunisation record attached (existing families do not need to supply only all new families)
- ☐ Is a copy of your child's action plan/ doctors' certificate, Centre's medication form and Deed of Indemnity attached it required

### PARENT/CARER DETAILS

If you have selected a two-parent option above in family circumstance section, you must complete BOTH parents details in this section.

#### PARENT/CARER DETAILS 1

First name		Surname	
Address		Relationship to Child	
Home Phone		Work Phone	
Mobile		Employer	
Email Address for emailing statements		Occupation	
CRN# full fees will be charges if this is not provided		Date of Birth (needed to claim CCB)	

#### PARENT/CARER DETAILS 2

First name		Surname	
Address		Relationship to Child	
Home Phone		Work Phone	
Mobile		Employer	
Email Address for emailing statements		Occupation	

CRN# full fees will be charges if this is not provided		Date of Birth (needed to claim CCB)	
--	--	-------------------------------------	--

### **AUTHORISED EMERGENCY CONTACT DETAILS (Must be over the age of 18)**

NOTE: Emergency contacts must be someone who can be contacted other than the Parent/Carer in an emergency. Please be aware the below contacts will NOT be authorised to pick up your child/ren at any time unless indicated in the form below.

A minimum of two contacts must be added

#### **Contact 1**

First Name		Surname	
Home Phone		Relationship to Child	
Mobile		Work Phone	
Address			
This contact has authority to permit the centre for:	<input type="radio"/> Collection <input type="radio"/> Medical consent <input type="radio"/> Emergency		

#### **Contact 2**

First Name		Surname	
Home Phone		Relationship to Child	
Mobile		Work Phone	
Address			
This contact has authority to permit the centre for:	<input type="radio"/> Collection <input type="radio"/> Medical consent <input type="radio"/> Emergency		

### **Persons authorised to authorise transportation/collection of children (Must be over 18)**

Please be aware if you complete this section you are authorising the below contact/s to be able to authorise transport of your child and collect your child/ren at any time without you being contacted from staff at the education and care service.

It will be deemed the parent's responsibility to contact the Centre in writing to remove a person from this list if circumstances change. If the person/s listed below are to sign in/out your child/ren they must bring photo ID before any child is released.

- ☐ I give permission for my child/ren to be signed in/out of Kurnell OOSH by this person.
- ☐ I understand it is my responsibility to update the Centre if our circumstances change and advise the Centre if the above listed is no longer to collect my child/ren.

☐ I understand that this contact is authorised to collect my child/ren at any time without further contact from the Centre and your child/ren will be released to the above contact when photo ID is shown.

Parent/Carer signature \_\_\_\_\_

Date \_\_\_\_\_

### Contact 1

First Name		Surname	
Home Phone		Relationship to Child	
Mobile		Work Phone	
Address			

### Contact 2

First Name		Surname	
Home Phone		Relationship to Child	
Mobile		Work Phone	
Address			

### Booking - Please tick the days you wish for your child to attend

Child's name	Casual	Monday	Tuesday	Wednesday	Thursday	Friday
	<input type="checkbox"/>	<input type="checkbox"/> Before School Care <input type="checkbox"/> After School Care	<input type="checkbox"/> Before School Care <input type="checkbox"/> After School Care	<input type="checkbox"/> Before School Care <input type="checkbox"/> After School Care	<input type="checkbox"/> Before School Care <input type="checkbox"/> After School Care	<input type="checkbox"/> Before School Care <input type="checkbox"/> After School Care
	<input type="checkbox"/>	<input type="checkbox"/> Before School Care <input type="checkbox"/> After School Care	<input type="checkbox"/> Before School Care <input type="checkbox"/> After School Care	<input type="checkbox"/> Before School Care <input type="checkbox"/> After School Care	<input type="checkbox"/> Before School Care <input type="checkbox"/> After School Care	<input type="checkbox"/> Before School Care <input type="checkbox"/> After School Care
	<input type="checkbox"/>	<input type="checkbox"/> Before School Care <input type="checkbox"/> After School Care	<input type="checkbox"/> Before School Care <input type="checkbox"/> After School Care	<input type="checkbox"/> Before School Care <input type="checkbox"/> After School Care	<input type="checkbox"/> Before School Care <input type="checkbox"/> After School Care	<input type="checkbox"/> Before School Care <input type="checkbox"/> After School Care

Please Note: If you wish to change or cancel days we require 2 weeks, notice in writing.

Parent/Carer Signature: \_\_\_\_\_

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

### PERMISSIONS

The following area you are granting permission for your child/ren to participate in the following during Before & After School Care and Vacation Care.

#### Videos/DVD's:

I give permission for my child/ren to watch videos/DVDs rated G/PG selected by staff.

Parent/Carer Signature ..... Date .....

#### Hairspray/Face paint

I give permission for my child/ren to use hairspray and face paint

Parent/Carer Signature ..... Date.....

#### Centre Publicity:

I give permission for my child/ren to be photographed or videotaped whilst at the centre, for the purposes of programming and quality assurance evidence.

Parent/Carer Signature ..... Date.....

I also give consent for the photos and videos of my child/ren to be used to publicise the Centre.

NO IMAGES WILL BE PUT ON THE INTERNET

Parent/Carer Signature ..... Date.....

#### Communication:

I give permission for the staff to discuss issues concerning my child/ren with the supervisor, which will then be forwarded to me upon collection of my child/ren.

Parent/Carer Signature ..... Date.....

#### Policies:

I have read and agree to abide by the policies as set out by KOOSH. (Policies are available to everyone and can be obtained by visiting our website)

Parent/Carer Signature ..... Date.....

#### Family Handbook and Enrolment Package:

I have read and agree to information set out in the Family Handbook and Enrolment Package. All information I have provided is correct at the time of enrolment and I understand I must inform the Centre immediately if any details change.

Parent/Carer Signature ..... Date.....

Parents/Carers must supply the centre with their own sunscreen for their child clearly labelled with their child's full name.

Parent/Carer Signature ..... Date.....

#### Personal Items:

Personal video games, mobile phones, iPods/iPad's and any other personal electronic devices or toys are not permitted whilst attending KOOSH. If children bring these to the Centre they will be confiscated and returned to the child upon pick up. If Parent/Carers would like their child to use any of the abovementioned whilst attending care, they must provide a permission note and the child will be permitted to engage in this activity for a short period of the session. Please remind your child that their friends will not be permitted to engage in this activity either with them or by observation.

Parent/Carer Signature ..... Date.....

### **Anti-Bullying Contract:**

By signing this Anti-Bullying Contract, we agree to:

- Treat all others at KOOSH with dignity and respect
- Helping my peers if they are being bullied
- Advising staff of any bullying behaviours
- Refrain from any behaviour that constitutes bullying, including, but not limited to: Name calling, hitting, threatening or intimidating, maliciously teasing and taunting, stealing or damaging others belongings, spreading rumours about others, or encouraging others to reject or exclude someone.

I understand that these behaviours are bullying behaviours and will not be accepted or tolerated by KOOSH Staff and Parent Committee.

We commit that I and/or my child/ren will not bully anyone from KOOSH and will treat all others and their belongings with respect.

If an occurrence of bullying has taken place, the parents of both parties will be informed, and a behaviour management chart will be put in place for child/ren. If bullying continues a meeting will be held with Staff and Parent Committee in order to resolve the problem. If the problem still continues and no solution is working, then either a suspension or expulsion will occur depending on severity with further discussion with Staff and Parent Committee.

Parent's/ Carer Signature .....Date.....

### **Attendance Consents:**

I wish to enrol my child/ren in the KOOSH Centre. I understand that every care will be taken and therefore agree that KOOSH and their governing body and staff are free from all responsibility in connection with my child/ren's participation I have agreed to enrol my child/ren. In applying for enrolment, I hereby acknowledge that I am wholly responsible for all fees payable to KOOSH in respect to my child/ren being in care, and I have read the parent information. I understand that whilst every care and precaution will be taken, KOOSH and its staff are not responsible for any injury to my child/ren or loss of their possessions whilst at the Centre. I am fully aware of the fee structure and my responsibilities in this regard.

Parent/Carer Signature ..... Date.....

### **MEDICAL DETAILS**

Family Medicare Card Number: \_\_\_\_\_

Private Fund: \_\_\_\_\_ Membership Number: \_\_\_\_\_



**Doctor's details**

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Address \_\_\_\_\_

**Medication Form**

If your child is medicated and needs their medication administered at the Centre you will need to complete a medication form and deed of indemnity form. Please see staff to obtain a copy of medication form. A letter from your doctor or action plan must be provided with all medication and medication forms. Each time medication is administered parents will need to sign medication form.

**IMPORTANT NOTE REGARDING ANAPHYLAXIS:**

The Centre has children attending who are at risk of a severe, life threatening anaphylactic reaction. We ask that families do not send any peanut butter, coconut, chocolate or foods containing nuts with their children to the Centre. If your child has anaphylaxis, we require a copy of the ASCIA plan.

**AUTHORITY FOR EMERGENCY MEDICAL OR DENTAL TREATMENT**

Although every care will be taken of your child while at the Centre, the staff can in no way be held responsible for any accident which may occur. In the event of an accident or illness requiring emergency medical treatment, every effort will be made to contact the Parent/Carer before such treatment is sought. However, should this prove impossible it will be necessary for authority to be given for the treatment to be undertaken.

I \_\_\_\_\_ hereby give permission for the staff at the Centre to seek medical/ dental attention for my child in the event of an accident.

In case of an emergency, does the Centre have the authority to call an ambulance for your child? ☐ YES ☐ NO

If an ambulance is called and paramedics/medical professionals deem it vital, do you consent for your child to travel by ambulance to hospital? ☐ YES ☐ NO

I will accept financial responsibility for my child's medical/ dental treatment.

I understand that relevant information on this form will be passed onto the hospital medical/ dental staff if required.

Parent/Carer Signature \_\_\_\_\_

Date \_\_\_\_\_

Dear Parents,

We have an electronic invoicing & direct debit payment system.

An invoice will be emailed to you every 2nd Wednesday with the direct debit made the following week on the Friday. Eg. If you receive an invoice on Wednesday 7 December, any amount owing will be direct debited on Friday 16 December.

If you wish to avoid the direct debit you are able to pay your fees in advance & organise a direct transfer from your account to OOSH. This would ensure your OOSH account remains in credit avoiding any direct debit for your fees from OOSH.

We can also offer payment via credit card however this may incur a processing fee (this is not an OOSH fee, it is a charge from the credit card company).

Most families are entitled to the 50% child care rebate (this is on top of the child care benefit) which can be paid directly to OOSH to reduce your invoice amount each fortnight.

For more information go to <https://www.mychild.gov.au/childcare-information/rebate>

Please return to OOSH when complete. We appreciate your assistance to make this as smooth a transition as possible.

Kind Regards, KOOSH Staff

-----  
Child/ren Name: \_\_\_\_\_

Email address: \_\_\_\_\_

Account Name: \_\_\_\_\_

BSB: \_\_\_\_\_ Account No: \_\_\_\_\_

OR

Credit Card Number: \_\_\_\_\_ Expiry: \_\_\_\_\_

Name on Card: \_\_\_\_\_

We approve Kurnell OOSH to direct debit the balance owing on our account each fortnight 9 days after the receipt of the invoice via email.

Signed by \_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_

## Child Profile – Please complete with your child/children

Questions	Child 1 Name:	Child 2: Name:	Child 3 Name:
My age is:			
The languages I am most familiar with are:			
I am Torres Strait Islander/Aboriginal	Yes/no	Yes/no	Yes/no
I like..			
I dislike..			
3 words that describe me are..			
My favourite things to do are...			
I would like you to know this about me:			
My favourite food is..			
My least favourite food is..			
My fears are...			
Is there any part of our program you would not like your child to participate in?			