



Information on requirements

1 Enrolment form

Please complete one enrolment form per family. This provides us with general family information plus details for at least three contacts in case of emergency

2 BESC Membership forms

Please complete one form for each parent who wishes to be a member of BESC (at least one per family).

3 Family and child profiles

Please ask each child to complete one of these.

4 Immunisation records

It is now **a legal requirement** that we have a copy of your child(ren)'s immunization Records in the centre. Please submit these along with the rest of your completed forms.

We understand that we are asking for a lot of information here. Changed government regulations over the past five years have placed a greater burden of record keeping on us.

The Service will only be allowed to continue operating if we comply with these regulations and your cooperation in helping us to achieve this is appreciated.

Please talk to Elizabeth if you have any questions about what is required

Contact information:

Centre Mobile Number 0404 852 311.

Email: besc@bescaftercare.com.au

[www. Bescaftercare.com.au](http://www.Bescaftercare.com.au)

Mailing Address: C/- Nicholson Street Public School,
23 Nicholson St,
Balmain East 2041

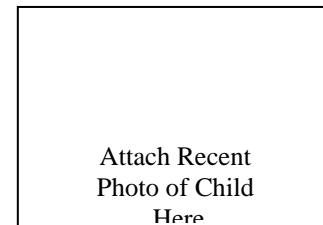


Phone: 02 9810 3161 or 0404 852 311

Email: besc@bescaftercare.com.au

www.bescaftercare.com.au

Postal address: BESC, c/o Nicholson Street Public School, Nicholson Street, Balmain East, NSW 2041



SECTION 1: Child 1 Details

Child Details

Given name:..... Family name:

Date of birth: Country of birth:

School year: Child's CRN:

Gender: Male Female

Is the child of Aboriginal/Torres Strait Islander origin? No Aboriginal Torres Strait Islander
(Please note that this information may be sent to Human Services.)

Day's child will be attending **BEFORE SCHOOL:** Mon Tue Wed Thurs Fri

AFTER SCHOOL: Mon Tue Wed Thurs Fri

VACATION CARE Mon Tue Wed Thurs. Fri

School that your child attends

Do you have other children who regularly attend an approved childcare service (please circle)? Yes / No

If yes, please supply child/ren's name:

Please attach a copy of immunisation records to this enrolment form FOR EACH CHILD enrolled

Child 2 Details

Given name:..... Family name:

Date of birth: Country of birth:

School year: Child's CRN:

Gender: Male Female

Is the child of Aboriginal/Torres Strait Islander origin? No Aboriginal Torres Strait Islander
(Please note that this information may be sent to Human Services.)

Day's child will be attending **BEFORE SCHOOL:** Mon Tue Wed Thurs. Fri

AFTER SCHOOL: Mon Tue Wed Thurs. Fri

VACATION CARE Mon Tue Wed Thurs. Fri

School that your child attends

Do you have other children who regularly attend an approved childcare service (please circle)? Yes / No

If yes, please supply child/ren's name:

Please attach a copy of immunisation records to enrolment form

Child 3 Details

Given name:..... Family name:.....
Date of birth: Country of birth:
School year: Child's CRN:.....
Gender: Male Female
Is the child of Aboriginal/Torres Strait Islander origin? No Aboriginal Torres Strait Islander
(Please note that this information may be sent to Human Services.)

Day's child will be attending **BEFORE SCHOOL:** Mon Tue Wed Thurs. Fri
AFTER SCHOOL: Mon Tue Wed Thurs. Fri
VACATION CARE Mon Tue Wed Thurs. Fri

School that your child attends

Do you have other children who regularly attend an approved childcare service (please circle)? Yes / No
If yes, please supply child/ren's name:

Please attach a copy of immunisation records to enrolment form

Parent / Guardian Information

• **Carer 1:** Relationship to Child:.....
Given Name: Family Name:.....
Address:
Home Phone: Mobile:
Email: Work Phone:
Occupation:..... Employer:

Date of Birth: Country of Birth: CRN:

Are you currently (please circle):
Working Seeking Employment Studying/training Disabled/disabled carer other:.....

• **Carer 2:** Relationship to Child:
Given Name: Family Name:
Address:
Home Phone: Mobile:
Email: Work Phone:
Occupation:..... Employer:

Date of Birth: Country of Birth: CRN:

Are you currently (please circle):
Working Seeking Employment Studying/training Disabled/disabled carer other:.....

SECTION 3: CHILD CARE BENEFIT

Will you be claiming Child Care Benefit? YES NO If yes please provide details below.

Name of person claiming: _____

Date of Birth: ____/____/____

Will you be claiming CCS (Please circle) YES NO

If claiming ccs PLEASE LOG INTO My Gov site and complete required information

For Child Care Benefit purposes, it is important to advise the service if you use any other service simultaneously.

SECTION 4: CUSTODY INFORMATION

Are there any court orders, parenting orders or parenting plans in relation to your child, or access to your child?

YES NO If **YES** please provide details:

NOTE: The service cannot enforce custody issues without a copy of the relevant Court Order being provided. Please discuss any custody issues with the Nominated Supervisor before enrolment.

Current Family Status

- Both parents/guardians Single mother/female guardian Single father/male guardian
- Shared custody Both grandparents Single grandparent

Primary language spoken at home: Other language(s) spoken at home:

SECTION 4: CUSTODY INFORMATION

Are there any court orders, parenting orders or parenting plans in relation to your child, or access to your child?

YES NO If **YES** please provide details:

NOTE: The service cannot enforce custody issues without a copy of the relevant Court Order being provided. Please discuss any custody issues with the Nominated Supervisor before enrolment.

Are there any family situations we need to be aware of such as restraining orders, parents separated?

.....
.....
.....
.....

**** Please attach any copies of court / or restraining orders ****

SECTION 5: EMERGENCY CONTACTS

I hereby authorise the staff of the service to contact the following people, if I cannot be contacted, in the case of an emergency.

Please supply at least 2 names, other than the child's parents/guardians.

NAME	ADDRESS	MOBILE	WORK PHONE	RELATIONSHIP TO CHILD

NOTE: *It is important that you inform the above people that you have included them as emergency contacts and that they may be contacted in the case of an emergency, with your child or the service, and asked to collect your child when you cannot be contacted*

Medical treatment/authorization for medication

I hereby authorise the staff of the service to contact the following people, if I cannot be contacted, in the case of the need to consent to medical treatment of my child or to authorize administration of medication to my child. *Please supply at least 2 names, other than the child's parents/guardians.*

NAME	ADDRESS	MOBILE	WORK PHONE	RELATIONSHIP TO CHILD

NOTE: *It is important that you inform the above people that you have included them as emergency contacts and that they may be contacted in the case of an emergency, with your child or the service, and asked to consent to medical treatment for your child or an authorization for medication when you cannot be contacted*

Care and Well-being of my child

I hereby authorise the following people, to authorize an Educator to make decisions regarding the care and well-being of my child. EG. Permission to attend a venue for an excursion that has had a last-minute change. *Please supply at least 2 names, other than the child's parents/guardians.*

NAME	ADDRESS	MOBILE	WORK PHONE	RELATIONSHIP TO CHILD

NOTE: *It is important that you inform the above people that you have included them that they may be contacted to give this authorization.*

Authority to collect your child from the Service

I hereby authorise the service staff to allow the following people to collect my child.

NAME	ADDRESS	MOBILE	WORK PHONE	RELATIONSHIP TO CHILD

NOTE: It is important that you inform the above people that they may be asked to show identification on their first few visits until staff become aware of whom they are. Only those people to whom you have given authority will be permitted to collect your child from the service.

SECTION 6: MEDICAL INFORMATION

Family Doctor's name: _____

Family Doctor Address _____

Telephone number: _____

Does your child have any medical condition EG? Asthma, anaphylaxis, diabetes, allergies, additional needs diagnosis, etc.

YES NO

If **YES** please provide details, including a copy of a medical management plan prepared by the child's doctor. You also need to complete and attach the Centre Risk Minimization Plan.

Medical Management Plan __ (attached – please tick)

Risk Minimization Plan __ (attached – please tick)

Does your child require regular medication? YES NO If **YES** please provide details:

Is your family a member of a Private Health Fund? YES NO

Name of Private Health Fund: _____

Private Health Fund number: _____

Family Medicare number: _____

NOTE: Medication will only be administered in accordance with the services Medication Policy that you be will be provided with.

Immunisation

Has your child received the necessary immunisation for their age? YES NO

If **NO**, please complete & attach an Immunisation Exemption Conscientious Objection form available from Medicare.

Please attach Immunisation Record

Medical Conditions/Additional Needs

Does your child have a medical condition or require additional assistance to meet their needs? YES NO

If **YES** please provide details of the condition/needs they require assistance with:

SECTION 7: INDIVIDUAL INFORMATION

This information assists staff in the daily care and education of your child.

Does your child have any dietary requirements other than allergies? YES NO If **YES** please provide details:

Is there anything else our staff needs to know about your child? (E.g. cultural or religious requests, interests, dislikes, fears etc.)

NOTE: Staff will also talk individually to your child about their interests on a regular basis and incorporate these into the program and experiences on offer.

SECTION 8: AUTHORISATION AND APPROVAL (PERMISSION)

NOTE: Please read this section carefully. If you do not give your permission for any of the following, please cross it out and initial.

1. PERMISSION TO SEEK MEDICAL ASSISTANCE IN AN EMERGENCY.

That in the case of accident or other emergency resulting in the need for immediate medical attention, I hereby give permission for the staff to take my child to a doctor or hospital to seek the following urgent treatments:

- Medical
- Dental
- Hospital
- Ambulance Service and transportation of the child by Ambulance.

Medical Attention / First Aid

I give permission for staff to administer first aid or seek medical attention for my child in the event of an accident/emergency. I understand that relevant information on this form will be passed to hospital/medical staff if required. I accept liability for medical, dental, hospital, ambulance or other costs incurred.

Religious requirements in case of accident:

Signature:.....

Photography

Photographs may be used in newsletters to parents/guardians, day diaries and to assist with evaluations. Specific permission will be sought for photos to be used outside of

I give permission for my child to be photographed at the centre.

Signature:.....

DVDs / Videos / Television

Video, DVDs and/or television may be used as part of the programme or during adverse weather conditions. Staff will ensure that the material is suitable for children and will supervise viewing. TV and videos/DVDs will only be viewed that have a G or PG rating.

I give permission for my child to watch G and PG rated television and videos/DVDs.

Signature:.....

First Aid / Sunblock

Staff may be required to administer first aid, including Band-Aids and Dettol. When required, staff will also apply sunblock to children, especially when going on out-of-centre excursions.

I give permission for my child to have Dettol and Band-Aids applied.

I give permission for my child to have sunblock applied.

Signature:.....

6. NOTIFICATION OF ARRIVAL AND DEPARTURE OF CHILDREN AT THE SERVICE

I agree to have my child signed in and out on the appropriate documentation on arrival and departure each day they attend the service.

7. CHILD ABSENCE

I agree to notify the service if my child is absent on a day that they are booked in.

NOTE: If your child is absent from the service, the service needs to record the amount of allowable and approved absences your child is entitled under Child Care Benefit legislation.

SECTION 9: PAYMENT OF FEES

1. NOTICE OF DISCONTINUATION OF ATTENDANCE

When you wish to discontinue and terminate your child care place at the service you are required to provide two (2) weeks written notice to the Coordinator/Nominated Supervisor or you are liable to pay the equivalent of two weeks child care fees to the service.

2.. ABSENCES FROM THE CHILD CARE CENTRE

Fees are payable for bank/public holidays, family holidays and sick periods if those days fall on a day that your child is booked into the service.

3. SERVICE CLOSURE

No fee is charged while the service is closed over the Christmas period.

4. LATE FEE

Should children be present after the 6.00pm closing time, a late fee of \$10.00 per 5 minutes will apply.

5. PAYMENT OF FEES

As per the services Parent Handbook, fees are to be paid in advance on the first day of the child's weekly attendance. Weekly fees are payable to the service by EFTPOS. I understand that fees must be paid once invoiced within the stated due date, that my child's place at the service may be terminated if fees are not up to date, and that I may be liable for any additional costs incurred in recovery of outstanding fees.

6. COSTS OF DEBT RECOVERY

I (The Client) (The Parent) expressly agree/s that I am liable for any Recovery costs including administrative fees, debt recovery fees, Solicitor Fees and disbursements incurred by Balmain East Out of School Care Inc as a result of my failure to pay the fees and charges for the service provided within the strict terms of payment (alternatively the number of days) specified this agreement. I accept that I may also be charged an additional fee for interest at the statutory rate recoverable in the appropriate Court at the time prevailing however I am aware that costs incurred through Court action against me will be limited to the fees recoverable under the State Legislation for legal cost recovery.

Signed..... Date.....

SECTION 10:DISCLAIMER/INFORMED CONSENT

I hereby acknowledge that:

- I have read and understand the services procedures, conditions and policies contained in this enrolment record and policy manual, which forms part of this agreement (and which may be changed by notice from time to time by the service at its sole discretion) (Policies & Procedures).
- The Policies and Procedures incorporate any relevant statutory obligations imposed on the service and have been put in place to protect my child/children.
- I must strictly comply with the Policies and Procedures at all times.
- The information provided in this enrolment record is to the best of my knowledge correct.
- I will inform the service immediately in writing if there are any changes to the information provided by me in this enrolment record (Notice of Change).
- When caring for my child/children the service will rely on the information provided by me in this enrolment record, in any Notice of Change and any other instructions/information (of any nature whatsoever) I give to the service (Information).
- I am totally responsible for the accuracy of the Information and my compliance with the Policies & Procedures.
- I am totally responsible for the suitability and actions of any person/persons whom I authorise to visit, deliver, and or collect my child/children to/from the service or any other place (Other Person/s).
- I must first inform any Other Person/s about the Policies & Procedures and that they must strictly comply with them.
- Subject to any applicable Australian Consumer Law, the Sales of Goods Act 1923 (NSW) or any other applicable law which cannot be excluded I/we will indemnify the service its employee's or any of its authorised person/s from any loss, damage, claim, cost or expense of any nature whatsoever incurred by my child/children, by me or any third party in connection with any act or omission by me and or us and or Other Person/s failing to comply with any Policies & Procedures and or due to the inaccuracy of the Information and or the acts or omissions of the Other Person's.

Signed..... Date.....

SECTION 11: MEMBERSHIP

The service is an Incorporated Association and as such, by enrolling my child in the service I agree to be bound by the rules of the Association for the period of my child's enrolment. I understand that as a member of the Incorporated Association, one representative of my child's family is entitled to voting rights at any General Meeting held by the service and that I may be nominated (with consent) for a position on the Management Committee at the Annual General Meeting.

The person nominated for member representation is: _____

APPLICATION FOR MEMBERSHIP OF ASSOCIATION

BALMAIN EAST AFTER SCHOOL CARE Incorporated
(incorporated under the Associations Incorporation Act 1984)

I,
(full name of Applicant)

of.....
(address)

.....
(occupation)

hereby apply to become a member of the abovementioned incorporated association. In the event of my admission as a member, I agree to be bound by the rules of the association for the time being in force, and to ensure that any child or children enrolled by me in the After Care and/or Vacation Care facilities and programs offered by the association abide by the objects and rules of the association and the policies and procedures of the association.

.....
Signature of applicant

Date.....

SECTION 12: DECLARATION

Fees and Bookings

- Fees are payable by direct debit or Eftpos machine in BESC office
- Once a permanent booking has been made, fees are payable whether the child attends or not. (Public holidays are not Charged) and pupil free days should they fall within school term, teacher strike days, school camp and carnivals, and family holidays are included in the weekly rate. Payment for fees for these days is non-negotiable. There is a (42) absent days with Child Care Subsidy
- Casual bookings are to be paid for on the day the care is provided.
- Reduction of permanent booking days will be considered and, if accepted, two weeks fees will be charged at the rate prior to the reduction in booking.
- Cancellation of booking due to unemployment or leaving school requires seven days' notice in writing. Cancellation of booking due to other circumstances require a minimum of two weeks' notice, otherwise fees will continue to be charged.
- Late fees are currently charged at \$1 per minute for the first three occasions and then \$2 per minute each occasion thereafter. This applies to children collected from aftercare after 6:00 p.m. The late fee will be added to the parent's account.
- Details of consistent late payment of fees or non-payment of fees are referred to the centre's Management Committee and are then handled by a debt recovery agency. In the event that a collection agency is engaged to recover monies, the parent shall be liable for any costs, charges, commissions and expenses reasonably and properly payable by BESC to such collection agency and/or solicitors relating to the recovery of such sum.

Drop-Off and Collection

- Parents must sign children in and out of the rolls when dropping off and collecting children and note the time of arrival and departure. Once a child has departed from the supervised area the parent is responsible for that child. While the child is in the company of the parents within the centre, the child is still obliged to take direction from the staff and obey centre rules.
- When collecting or dropping off children, younger siblings must always be supervised by the parent.
- Parents must notify the centre in writing if child will be absent or a **\$10 search fee charged**
- Only nominated people as listed on the enrolment form will be allowed to collect the child. If you wish to change your nominated pe

the centre must be informed in writing. Other arrangements for the collection of your child must be notified by writing

I acknowledge that I have read and understood the above Conditions of Enrolment and by signing this form I agree to accept the centre's policies, terms, and conditions (full copy available at the centre). The information I have provided in this enrolment form is accurate.

I understand that while centre staff provide constant and careful supervision, they will not be liable whatsoever for any injury sustained to my child's person or property whilst in the centre or on any outing organised by the centre (unless negligence on the part of the centre is proven). I agree to abide by these conditions of enrolment and any other that the Management Committee may bring into effect during the year.

Parent and/or Guardian's Full Name (please print): _____

Signature: _____ Date: _____



ALL ABOUT ME



Name

Age/Year

Whose In Your Family?

What Music & Books do you like?

Do You Do Any Out of School Activities (Sports, Music, Dance)

Favourite Outdoor/Indoor Activity

What Do You Like To Do Most

Your Suggestions: "What To Do At BESC"

Membership of Association

Upon acceptance of an offer by satisfying all requirements and your child taking up a permanent placement, the registering parent/guardian ('Carer 1') automatically becomes a member of the Association. Membership shall continue until terminated upon your child ceasing to have a permanent placement or as may otherwise apply under the Rules of the Association. Membership for each year runs from 1 July to 30 June next and the annual fee of \$5.00 per child will be added to your account.

Signature:.....

Office Use Only

Date Received:

Immunisation History Statement Attached: Y / N

Asthma Action Plan Attached: Y / N

Anaphylaxis Action Plan Attached: Y / N

Court Orders Copied: Y / N

CRNs Verified: Y / N

Membership Fee Charged: Y / N

Date Bookings Entered into QikKids:

Date Booking Confirmation Email Sent:

Notes:
