



Mt Hawthorn Out of School Hours Centre Incorporated

1 Killarney Street, Mt Hawthorn, 6016

197 Scarborough Beach Road, Mt Hawthorn, 6016

Postal Address: PO Box 570 MT HAWTHORN WA 6915

OSCA: 0431 815 586

MAIN HALL: 0401 342 770

mtosca@inet.net.au

Mt Hawthorn OSCA [2017] Enrolment Form

Parents/Guardian's Registration Agreement

1. We have viewed Mt Hawthorn Out of School Hours Centre (hereafter called the Centre) and consent to the enrolment of the admitting child (hereafter referred to as the child).
2. We acknowledge having read the [Centre's Parent Handbook](#) on the [OSCA website](#) and we understand that any changes to such will be communicated via email, parent notices or posters displayed at the sign out point or notice board.
3. We agree to comply with the Government requirements in relation to the Centre and its service.
4. We agree that in the case of accident or injury, the Centre will attempt to contact us and where we cannot be contacted medical care may be sought and given to the child, and we agree to meet any expenses incurred. The medical care sought may include the calling of an Ambulance and we agree to meet the expense of an Ambulance. In the case of an emergency as determined by staff at the Centre we authorise the Centre to contact an Ambulance and send the child to hospital.
5. I understand that while every care will be taken, staff and Educators are free from responsibility for accidents and loss of property in connection with my child/children's participation.
6. We agree to keep payment of fees as per the Centre Policy.
7. We are aware that it is our responsibility to maintain a current Family Assistance Office Income Assessment Notice for Child Care Benefit purposes.
8. We understand that to have access to Child Care Benefit we need to meet all current Child Care Benefit requirements.
9. **We are aware that 14 (fourteen) days notice of termination of care must be given in advance, otherwise fees will continue to be charged.** We are aware that fees are payable for days where allowable absences are taken.
10. **We are aware that a separate enrolment form is required to be completed for each and every school holiday program, and that each year we need to complete a new enrolment form for Before and After School Care.**
11. We understand that a system of payment for late departures operates at the Centre to cover overtime payments due to staff. We are aware that we are obliged to drop off and pick up the child within the opening hours of the Centre, and that late collection will result in a penalty fee being imposed.
12. We are aware that any failure to pay due fees may result in termination of care at the Centres option. We are aware that fees may need to be adjusted from time to time with due notice given to parents.
13. We understand that an administration fee may be charged for unpaid fees referred to a debt collection agency for recovery, and we will be responsible for the payment of these fees.
14. We understand that children who fall into the third priority category in the Priority of Access Guidelines may be required to alter their days or give up their place at the Centre in order to provide a place for a higher priority child. 14 Days' notice will be given in the event of such a requirement. The priorities are as follows:
 - **First Priority:** Children at risk of serious abuse or neglect
 - **Second Priority:** Children of a single parent who satisfies, or both parents who satisfy the work / training / study test. Section 14 of the Family Assistance Act. CRN's required.
 - **Third Priority:** Any other child
15. We are aware that the child will be excluded from care at the Centre if she/he has contracted a contagious disease or condition. We understand that the child will be accepted back into the Centre upon provision of a "clearance certificate" for the child from a medical practitioner.

Signature for and on behalf of Mt Hawthorn OSCA: _____



Mt Hawthorn Out of School Hours Centre Incorporated

1 Killarney Street, Mt Hawthorn, 6016
197 Scarborough Beach Road, Mt Hawthorn, 6016
Postal Address: PO Box 570 MT HAWTHORN WA 6915
OSCA: 0431 815 586
MAIN HALL: 0401 342 770
mtosca@inet.net.au

The following enrolment information will be treated with confidentiality. It is the responsibility of the parent/ guardian to update this information on an on-going basis, and to be familiar with the OSCA program.

ALL SECTIONS MUST BE COMPLETED. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

I, [_____], understand it is my responsibility to update enrolment information as necessary, and familiarise myself with the activities and outings of the OSCA program.

Signature of Parent / Guardian

Date: [___ / ___ / ___]

Parent / Guardian Details

Full Name of Parent 1 / Guardian: [_____] **DOB:** [___ / ___ / ___]

Address: [_____]
Home Ph.: [_____] **Mobile:** [_____]
Work Ph.: [_____] **Email:** [_____]

Work Name & Address: [_____]
Occupation: [_____]
Language/s spoken: [_____]

Full Name of Parent 2 / Guardian: [_____] **DOB:** [___ / ___ / ___]

As above

Address: [_____]
Home Ph.: [_____] **Mobile:** [_____]
Work Ph.: [_____] **Email:** [_____]

Work Name & Address: [_____]
Occupation: [_____]
Language/s spoken: [_____]

Person Responsible for Payment of Fees/ Registered to Claim Child Care Benefit (CCB)

Name: [_____]
Address: [_____]
Parent CRN: [_____] **Phone:** [_____]

(To claim reduced fees to obtain your CRN please contact the Family Assistance Office on 13 61 50)

Childcare Benefit Information

I would like to claim Childcare Benefit in the form of: (please tick one option)

Lump sum payment end of financial year (register with FAO)

- Reduced upfront
- I do not wish to claim Childcare benefit

Child Details

Child 1: [] DOB: [/ /] CRN: [] SEX M [] F [] YEAR: [] CLASS: []

Child 2: [] DOB: [/ /] CRN: [] SEX M [] F [] YEAR: [] CLASS: []

Child 3: [] DOB: [/ /] CRN: [] SEX M [] F [] YEAR: [] CLASS: []

Child 4: [] DOB: [/ /] CRN: [] SEX M [] F [] YEAR: [] CLASS: []

COPIES ATTACHED:**Birth Certificates**

Y [] N []

Immunisation Certificates

Y [] N []

Reason For Care

- Child at risk of serious neglect or abuse
- Child of a single parent, or parents who are both undertaking work, training, or study
- Any other child

For Custody Arrangements

Are there any Court orders relating to the guardianship, custody or access to the child(ren)? Y [] N []

If YES please provide details and supply OSCA with copies:

[]

Special Needs, Allergies & Medical Information

Please detail any special needs, allergies or medical information about your child(ren):

[]

Do you have any **Action Plans** which you use to deal with these? Please provide details and attach a current copy:

[]

* Please note if you wish Centre staff to administer medication you must complete an Authority to Administer Medication form.

Adults authorised to collect child(ren) (other than Guardians)

Contact in case of emergency only (tick the box)

Staff will not release child(ren) to persons other than those listed below, or to persons aged under 18 years.

Name and Address	Relationship	Contact Numbers			Contact in Emergency ?
		Home	Work	Mobile	
[]	[]	[]	[]	[]	[]
[]	[]	[]	[]	[]	[]
[]	[]	[]	[]	[]	[]
[]	[]	[]	[]	[]	[]

Parent's Declaration

In the event of an emergency involving an accident or illness, I give permission for medical attention to be sought for my child/ren and state that I will pay for any expenses incurred for treatment and transport of my child/ren.

I give permission for my child/ren to participate in local area walks and activities as stated in the program.

I agree that my child/ren can be in OSCA photos that will only be used within the Centre.

I give permission for Centre staff to administer sunscreen to my child.

I give permission for my child/ren to go to Braithwaite Nature Park during ASC sessions.

Name: [_____] Signed: _____ Date: [__/__/__]

PLEASE FILL IN THE TABLE BELOW IF YOU WOULD LIKE TO BOOK A PERMANENT PLACE IN EITHER BEFORE OR AFTER SCHOOL CARE.

CHILD'S NAME		MON	TUES	WED	THU	FRI
[]	BSC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	ASC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[]	BSC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	ASC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[]	BSC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	ASC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[]	BSC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	ASC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>