



# catholic out of school hours care

## 2018 ENROLMENT APPLICATION FORM

COSHC TO  
AFFIX  
PHOTO OF  
CHILD IN  
SCHOOL  
UNIFORM 1<sup>ST</sup>  
DAY

**COSHC Centre:** \_\_\_\_\_

**CHILD'S NAME:** \_\_\_\_\_

DAYS REQUESTED: BSC:  Monday  Tuesday  Wednesday  Thursday  Friday

ASC:  Monday  Tuesday  Wednesday  Thursday  Friday

Additional notes: \_\_\_\_\_

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COMMENCEMENT DATE: \_\_\_ / \_\_\_ / \_\_\_

Class: \_\_\_\_\_

Does your child have any siblings?  Yes  No If yes, please give details

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How many children in total do you have attending registered childcare? \_\_\_\_\_

### Enrolment procedure

You will need to complete a COSHC Application for Enrolment Form. The information required on this enrolment form conforms to the requirements of the Education and Care Services National Regulations 2011, Public Health Act 2010 and the Privacy Act 1988.

The Administration Fee is a non-refundable fee of \$50 per child payable on initial enrolment. (This is a one off fee and will not be charged annually). The Attendance Fee is a sessional fee invoiced fortnightly in advance.

Child's name:

## 1. Child's Details

Family Name: \_\_\_\_\_

Given Names \_\_\_\_\_

Other names child is known by: \_\_\_\_\_

**Child Care Benefit – Child Customer Reference Number:** \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Gender:  Male  Female

Child's Legal Guardian: \_\_\_\_\_

Child's Residential Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Country of Birth \_\_\_\_\_ Religion \_\_\_\_\_

Language spoken at home \_\_\_\_\_ Cultural Background \_\_\_\_\_

Is there anyone prohibited from having contact with or collecting the above named child?  Yes  No

If Yes, provide Name(s): \_\_\_\_\_

\_\_\_\_\_

Please speak to the Centre Coordinator and provide further details.

Are there custodial arrangements or injunction orders relevant to the above named child?  Yes  No

*If yes, you need to provide a copy of the court order prior to your child's commencement date.*

Does your child attend another Out of School Hours Care service?  Yes  No

## 2. Parent /Carer One (Must be the Person Receiving Child Care Benefit)

(Mr, Mrs, Miss): \_\_\_\_\_ Family Name: \_\_\_\_\_

Given Names: \_\_\_\_\_

**Child Care Benefit – Parent Customer Reference Number** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

**Will you be the Billing Master**  Yes  No (Only 1 Billing Master - Name appears on statements and payment receipt)

Relationship to child: \_\_\_\_\_ Occupation: \_\_\_\_\_

Place of work: \_\_\_\_\_

Work Days/Hours: \_\_\_\_\_

Cultural Background: \_\_\_\_\_ Language spoken at home: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Child's name:

### 3. Parent / Carer Two

(Mr, Mrs, Miss): \_\_\_\_\_ Family Name: \_\_\_\_\_

Given Names: \_\_\_\_\_

**Child Care Benefit – Parent Customer Reference Number:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

**Will you be the Billing Master**  Yes  No (Only 1 Billing Master - Name appears on statements and payment receipt)

Relationship to child: \_\_\_\_\_ Occupation: \_\_\_\_\_

Place of work: \_\_\_\_\_

Work Days/Hours: \_\_\_\_\_

Cultural Background: \_\_\_\_\_ Language spoken at home: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

### 4. Authorised Nominees Details – (COSH C Policy 2.3.4 – 16 years and over)

Please list details of Authorised Nominees below. (Please nominate if the person is authorised to collect your child, consent to medical treatment and administration of medication and can authorise an Educator to take the child outside of the COSHC premises). In the event that you are unable to be reached one of the below nominated persons will be contacted. (Photo identification must be provided on initial collection).

**In the event of a medical emergency you or one of your Authorised Nominees must be able to arrive at the centre within 30 minutes to collect your child or an ambulance will be called.**

#### **Nominated Contact Person 1 (In addition to Parent/Carer one and Parent/Carer two):**

(Mr, Mrs, Miss): \_\_\_\_\_ Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_

❖ Emergency Pick up:  Yes  No

❖ Daily Pick up:  Yes  No

❖ Consent to medical treatment:  Yes  No

❖ Consent for COSHC to take my child out of the COSHC:  Yes  No

Child's name:

**Nominated Contact Person 2 (In addition to Parent/Carer one and Parent/Carer two):**

(Mr, Mrs, Miss): \_\_\_\_\_ Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_

- ❖ Emergency Pick up:  Yes  No
- ❖ Daily Pick up:  Yes  No
- ❖ Consent to medical treatment:  Yes  No
- ❖ Consent for COSHC to take my child out of the COSHC:  Yes  No

**Nominated Contact Person 3 (In addition to Parent/Carer one and Parent/Carer two):**

(Mr, Mrs, Miss): \_\_\_\_\_ Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_

- ❖ Emergency Pick up:  Yes  No
- ❖ Daily Pick up:  Yes  No
- ❖ Consent to medical treatment:  Yes  No
- ❖ Consent for COSHC to take my child out of the COSHC:  Yes  No

**5. Emergency / Medical Details**

Doctor's Name: \_\_\_\_\_

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

Address: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_

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

Address: \_\_\_\_\_

Medicare number: \_\_\_\_\_

Private Health Care Fund: \_\_\_\_\_

Private Health Care Member number and position on card: \_\_\_\_\_

Child's name:

## 6. Health Information

### Immunisation:

Is your child immunised?  Yes  No, please provide Medical Exemption Form or recognised catch-up schedule.

Is your child's immunisation up to date?  Yes  No, please provide Medical Exemption Form or recognised catch-up schedule.

From 1 January 2018, parents must provide a copy of one or more of the following documents to enrol in a child care centre:

- a [Medicare Immunisation History Statement](#) which shows that the child is up to date with their scheduled vaccinations or
- a [Medicare Immunisation History Form](#) on which the immunisation provider has certified that the child is on a recognised catch-up schedule (temporary for 6 months only) or
- a [Medicare Immunisation Medical Exemption Form](#) which has been certified by a GP.

No other form of documentation is acceptable (i.e. Blue Book). The documents must be stored by the director in a secure location for 3 years, unless a child transfers to another child care centre.

**Please provide a copy of your child's Immunisation History Statement, Medicare Immunisation Medical Exemption Form or recognised catch-up schedule** to proceed with enrolment (information can be accessed through Medicare at [www.medicareaustralia.gov.au](http://www.medicareaustralia.gov.au)).

### Medical History/Special Needs

Has your child had any of the following?

- Measles     Mumps     Rheumatic Fever     Epilepsy     German Measles  
 Ear Trouble     Convulsions     Scarlet Fever     Chicken Pox     None of the above

### Allergies

Does your child have ANY **DIAGNOSED** ALLERGIES?  Yes  No

*If yes, please attach your child's Allergy Action Plan from the Medical Practitioner, provide the COSHC with the appropriate medication and make an appointment to meet the COSHC Coordinator to develop a personalised risk minimisation plan for your child.*

**Please give details of allergy, state type, triggers and treatment:**

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Child's name:

## Anaphylaxis

Has your child been diagnosed at risk of ANAPHYLAXIS?  Yes  No

*If yes, please attach your child's Anaphylaxis Action Plan from the Medical Practitioner, provide the COSHC with the appropriate medication and make an appointment to meet the COSHC Coordinator to develop a personalised risk minimisation plan for your child.*

Please give details of allergy, state type, triggers and treatment:

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## Asthma

Is your child currently diagnosed with ASTHMA?  Yes  No

If your child is diagnosed with Asthma, do they receive regular medication?  Yes  No

*If yes, please attach your child's Asthma Action Plan from the Medical Practitioner, provide the COSHC with the appropriate medication and make an appointment to meet the COSHC Supervisor to develop a risk minimisation plan for your child.*

Please give details of triggers and treatment:

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If your child has an ongoing medical condition, such as, Epilepsy or Diabetes, you must provide the COSHC with your child's Management Plan from the Medical Practitioner and provide the COSHC with the appropriate medication *and make an appointment to meet the COSHC Supervisor to develop a risk minimisation plan for your child.*

Medical Management Plan Attached  Yes  No [If yes, please give details](#)

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Child's name:

Is your child on any regular medication?  Yes  No [If yes, please give details](#)

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Does your child have any additional needs that we should be aware of? (For example, has your child attended speech therapy, occupational therapy, or physio therapy? Have they had an assessment from a Pediatrician?)

Yes  No

Please note, this does not impede your child's chance to attend the COSHC but assists us to know how best to help your child.

[If yes, please provide details:](#) \_\_\_\_\_

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Does your child have any specialised dietary needs? Religious  Yes  No Medical  Yes  No

[If yes, please provide details:](#) \_\_\_\_\_

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Child's name:

Does your child have a history of any major illness or undergone surgery?  Yes  No

If yes, please provide details: \_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 7. Child's Routine and Self Help Skills

The following information is required to assist in your child's transition from home to the COSHC

Does your child need assistance during the following:

Eating  Yes  No Dressing  Yes  No Toileting  Yes  No [If yes, please give details](#)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Rest, relaxation and sedentary activities are offered to each child in order to promote their wellbeing. Please specify how your child rests, for example, listens to calm music, reads a book or list other quiet activities):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Child's name:

What are some of your child's interests and strengths? \_\_\_\_\_

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What are some family interests or customs that you would like to share with the COSHC? (e.g. cultural songs, dances, cooking, celebrations, art etc.) \_\_\_\_\_

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Is there any other information you would like to share about any special requirements, cultural or religious beliefs that the educators should be aware of? (e.g. any other cultural or religions celebrations that you would like the COSHC to know about?) \_\_\_\_\_

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*Please provide any other information that will assist us in caring for and educating your child*

Child's name:

**8. Parent Agreements – I/We authorise and/or agree to:**

**Sunscreen:** For my child to use the sunscreen provided by COSHC. (If no, I will provide a suitable alternative).  Yes  No

**Publicity:** My child to be filmed or photographed, for media broadcasting and COSHC publicity purposes as required – no further permission is needed.  Yes  No

**Websites:** My child's photo and/or first name to be displayed on the COSHC website.  Yes  No

**Out of the Gate Program – Routine Outings:** My child being taken on routine excursions or outings from the COSHC. These outings will be within walking distance of the COSHC, and will not involve transportation. (e.g. school library, church, school classrooms, parks)  Yes  No

**Access to Animal/Pets:** My child to have access to animals or pets on the Catholic Out of School Hours Care premises for educational purposes.  Yes  No

**Cooking Experiences:** My child to eat food made in cooking experiences at the COSHC. (Staff will take allergies into consideration when serving food).  Yes  No

**Observations, Photographs and Videos:** My child to be observed by staff for educational records, daily programs, and documentation purposes. These may appear in the daily story or another child's learning portfolio.  Yes  No

**Band-aids/Plastic Dressing Strips:** COSHC educators applying band-aids/plastic dressing strips, if needed.  Yes  No

**Any special instructions:**

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Child's name:

## 9. Communication and Participation with COSHC

If you have any interests and talents that you would be happy to share with the COSHC please list below:

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Would you like to receive the following COSHC information electronically?

Newsletters	<input type="checkbox"/> Yes <input type="checkbox"/> No	Meetings	<input type="checkbox"/> Yes <input type="checkbox"/> No	Enrolment forms	<input type="checkbox"/> Yes <input type="checkbox"/> No
Parent handbook	<input type="checkbox"/> Yes <input type="checkbox"/> No	Notice board info	<input type="checkbox"/> Yes <input type="checkbox"/> No	Upcoming Events	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reminders	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<a href="#">If yes, please give email details</a>	

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## 10. Additional Information

Are you from an Aboriginal background?  Yes  No

Are you from a Torres Strait Islander background?  Yes  No

Do you hold a Pensioner Concession Card, Low Income Health Care Card or Department of Veteran's Affairs Gold Card?  Yes  No

Is your child from a Culturally and Linguistically Diverse background?  Yes  No

Does your child require English language assistance?  Yes  No

What year do you intend to send your child to high school? \_\_\_\_\_

What high school do you intend to enrol your child? \_\_\_\_\_

Child's name:

## 11. Payment of fees

How would you like to receive your invoice?  Email  Hard paper copy

**Method of Payment:**

BPay  Post Bill Pay

I/We understand that in the event my fees remain unpaid beyond one week from the invoice due date, that my child's enrolment will be cancelled and that my child will no longer be permitted to attend until my fees are paid in full and up-to-date as per COSHC policy.

I/We understand that in the event my child is absent from COSHC our normal attendance is payable. (eg family vacation, sick, non-immunised child being excluded due to an outbreak of a vaccine preventable disease, visiting family member/friend looking after my child, non-attendance on Pupil-free days)

***Both Parents/Carers to sign below:***

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

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

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

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

Child's name:

## Standard Collection Notice

Available at: <http://www.parra.catholic.edu.au/policy-central>

1. CEDP (through our schools, Catholic Early Learning Centres (**CELCs**), Catholic Out of School Hours Care services (**COSHCs**) and offices) collects personal information, including sensitive information about students in our schools, children in our care (together '**Students**') and their parent/s, carer/s or guardian/s ('**Parents**') before and during the course of a Student's enrolment. The primary purpose of collecting this information is to enable us to provide schooling and care for our Students.
2. Some of the information we collect is to satisfy our legal obligations, particularly to enable our schools, COSHC, CELC and offices to discharge their duty of care.
3. Certain laws governing or relating to the operation of schools and child care require that certain information is collected and disclosed. These include the Education Act and Public Health and Child Protection laws.
4. Health information about Students is sensitive information under the Privacy Act. We may request medical reports about Students from time to time. If we do not obtain the information we may not be able to enrol or continue the enrolment of the Student.
5. We may from time to time disclose personal information (including sensitive information) to others for administrative, care and educational purposes. This includes to other schools, government departments, government agencies, statutory boards, the CEO, the Catholic Education Commission, your local diocese and the parish. We may also disclose your personal information (including sensitive information) to government authorities such as the NSW Board of Studies, the Australian Curriculum, Assessment and Reporting Authority (ACARA), medical practitioners and people providing services to us, including specialist visiting teachers, sports coaches, volunteers and counsellors.
6. In addition to the agencies and purposes cited at 5 above, personal information relating to Students and Parents may also be made available, in accordance with Australian Government requirements, to ACARA for the purpose of publishing certain school information relating to the circumstances of Parents and Students on the MySchool website. The information published on the MySchool website is aggregated information and will not identify the Parent or Student.
7. Personal information collected from Students is regularly disclosed to their Parents. On occasions, information such as academic and sporting achievements, student activities and other news is published in School newsletters, our magazines, posters and websites.
8. Occasionally photographs or videos are taken of individual Students and groups of Students and these may be published. If you do not wish, or do not wish for your child, to be photographed, videoed or recorded under any circumstances, or to have your/their photographs, videos or sound recording published, please make sure you advise the principal, care centre director or our privacy officer. Contact details for our privacy officer are included at the end of this notice.
9. Our Privacy - Statement sets out how you may access and seek correction of your personal information and how Parents may access and seek correction of personal information collected about their child. However, there will be occasions when access is denied. Such occasions would include where access would have an unreasonable impact on the privacy of others, where access may result in a breach of our schools', CELCs', COSHCs' or offices' duty of care to the Student, or where Students have provided information in confidence.
10. Our Privacy - Statement also sets out how you may complain about a breach of privacy and how we will deal with such a complaint. Our Privacy - Statement is available in Policy Central at <http://www.parra.catholic.edu.au/privacy>
11. As you may know, we may from time to time engage in fundraising activities. Information received from you may be used to make an appeal to you. It may also be disclosed to organisations that assist in our fundraising activities solely for that purpose. We will not disclose your personal information to third parties for their own marketing purposes without your consent.
12. We may include your contact details in a class list and our schools, COSHCs, CELCs and office directories.
13. If you provide us with the personal information of others, such as doctors' or emergency contacts, we encourage you to inform them that you are disclosing that information to us and why, that they can access that information if they wish and that we do not usually disclose the information to third parties.
14. We may use service providers who provide certain services to us and our staff and Students, including data storage and contemporary online teaching tools. We may provide your personal information to such service providers in connection with the provision of these services. Such service providers may store, or process, data outside Australia, including in the United States, Singapore, Ireland and possibly other countries. We endeavour to find where these providers store their data and update this collection notice as such information becomes available to us. In addition, our email service provider may store and process emails in the United States or in any other country utilised by Google.
15. You may obtain further information from the following:
  - For our schools: the school principal
  - For our CELCs: the CELC director
  - For our COSHCs: the COSHC supervisor
  - For our offices:  
Privacy Officer:  
Catholic Education Diocese of Parramatta  
Locked Bag 4  
North Parramatta NSW 1750  
T: 9840 5600.

Child's name:

## 12. Signatures

1. I / We hereby declare that the information given is accurate and agree to notify the COSHC immediately if there are changes to the above information.
2. I / We have read, understand and will abide by the enrolment conditions set out in this form and the policies and procedures of the Catholic Out of School Hours Care.
3. I/We understand that the signatory/signatories on this enrolment form are legally responsible to pay in full COSHC fees in accordance with the COSHC fee Policy.
3. I/We understand the legal obligations of the Catholic Out of School Hours Care with respect to the health and safety of my child/children.
4. I acknowledge the information required for enrolment is gathered in accordance with the principles of the **National Privacy Act** and the Catholic Education Diocese of Parramatta **Privacy Policy**. I acknowledge receipt of the '**Standard Collection Notice**'. (If further information is required please refer to policy folder).
5. I understand that paracetamol will only be administered under an approved medical treatment plan written by a medical practitioner.

If my child's temperature rises above 38 degrees and I/we the parents/carers are not able to collect our child within 30 minutes, and/or the temperature raises to 39.5 degrees, I/We understand that an ambulance will be called for immediate treatment. In the event that I am not covered by health insurance for the cost of an ambulance service, I/We understand that the ambulance expenses will be covered under the CEO Diocese of Parramatta Group Cover Insurance through Ambulance NSW.

I/We have ensured that in the event that we as parent(s)/carer(s) are not able to collect our child within 30 minutes of an emergency call from the Centre that the nominated authorised contact person(s) listed on the enrolment form will be able to collect my child within 30 minutes or earlier.

6. I/We acknowledge an First Aid qualified (Emergency Asthma) staff member will administer the correct dosage of Asthma medication to my child if he/she is showing symptoms of having an asthma attack.
7. In the event of my child presenting with an Anaphylactic reaction, I/We acknowledge a First Aid (Emergency Anaphylaxis) qualified staff member to administer a dose of Adrenaline through an Adrenaline Auto-injector (e.g. EpiPen or Anapen). (Please note that the Adrenaline Auto-injector is only kept for emergency situations. If your child is known to have Anaphylactic reactions, you **MUST** provide an Adrenaline Auto-injector each day they are in attendance).
8. I/We understand that the COSHC due to Regulation 87 under the Public Health Act 2010, is not able to proceed with enrolment of my child unless I provide the **Immunisation History Statement, Medical Exemption Form** to proceed with enrolment.
9. In the event of an emergency, illness or accident concerning my child, I/We authorise the service to seek treatment from a medical practitioner, medical centre, dentist or hospital for which it may include transport in an ambulance. I/We give consent to the carrying out of appropriate medical, dental or hospital treatment or transport in an ambulance as deemed necessary by the Doctor, Dentist or Paramedic. Parents may be responsible for any medical expenses that may occur. In the event that families are not covered by health insurance for the cost of an Ambulance service, Ambulance expenses are covered under the CEO Diocese of Parramatta Group Cover Insurance through Ambulance NSW.
10. I/We acknowledge receipt of the Medical Conditions COSHC Policy.
11. I/We understand in the event of an emergency, the children will be required to evacuate the premises and will assemble at a central point of safety. I/We understand that the evacuation procedure will be practiced throughout the year and the children will be fully supervised by staff.

### ***Both Parents/Carers to sign below:***

Signature	_____	Signature	_____
Name of Parent/Carer	_____	Name of Parent/Carer	_____
Date	_____	Date	_____

Child's name:

## 16. Office Use Only

### Enrolment Checklist (Office Use Only) (Centre coordinator to sign and date when completed)

Administration Fee		Medicare Number	
<b>All</b> data entered into Hubworks		Medical Management Plans	
Child's Birth Certificate – original cited and copy on file		Acknowledgment of additional requirements/needs	
Parent I.D Photos		Specialist Reports	
Court Orders		Immunisation History Statement, Medical Contraindication Form or the Conscientious Objection Form	
Parent Agreements		Non-Immunisation Register Up-dated	

### Census Data Collection (Office Use Only)

Child's first name:	
Child's last name:	
Gender:	
Date of birth:	
Address:	
Suburb:	
Postcode:	
Daily Fee:	
First day of attendance:	
Enrolled days:	
Aboriginal or Torres Strait Islander	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you hold a Pensioner Concession Card, Low Income Health Care Card or Department of Veteran's Affairs Gold Card:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Visa 785 or 851 (temporary resident visas for humanitarian or protection reasons)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Language Background Other Than English:	<input type="checkbox"/> Yes <input type="checkbox"/> No
English Language Assistance needed:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diagnosed disability:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of completion::	Centre Coordinator Name and signature: