

**ENROLMENT FORM 2019** *Note: All fields are compulsory*

Insert the name of the school your child attends \_\_\_\_\_

Insert the name of the OSHC program your child will attend \_\_\_\_\_

A parent or guardian or person with parental responsibility who has lawful authority in relation to the child must complete this form. A brief explanation of lawful authority is found at the end of this form. Licensed children's services may use this form to collect the child's enrolment information as required in regulations 31 to 35.

Child Family Name: \_\_\_\_\_ Child Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex:  M  F

Child Given Names: \_\_\_\_\_ Usually Called: \_\_\_\_\_

Home Address: \_\_\_\_\_ Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Postal Address: \_\_\_\_\_ Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

*(If different from home address)*

Languages(s) spoken in the home: \_\_\_\_\_ Child's Cultural Background: \_\_\_\_\_

Is the child of Aboriginal and/or Torres Strait Islander origin? (Please tick)

 No, not Aboriginal or Torres Strait Islander  Yes, Aboriginal  Yes, Torres Strait Islander**Information about the Child's known Parent/Guardian/Person with Parental Responsibility**

Primary Account Holder 1 (Person with Parental Responsibility)	Primary Account Holder 2 (Person with Parental Responsibility)
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: (please specify) _____ If you have ticked other, are the parents known? <input type="checkbox"/> No <input type="checkbox"/> Yes: given name _____	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: (please specify) _____ If you have ticked other, are the parents known? <input type="checkbox"/> No <input type="checkbox"/> Yes: given name _____
Full Name: _____ D.O.B ____/____/____	Full Name: _____ D.O.B ____/____/____
Telephone (H) _____ (W) _____ (M) _____	Telephone (H) _____ (W) _____ (M) _____
Address (if different from child): _____ Postcode: _____	Address (if different from child): _____ Postcode: _____
Email address: (must provide)	Email address: (must provide)
Cultural Background:	Cultural Background:

**Emergency Contacts (Nominate two persons other than persons listed above) Located no more than 30mins from the service***Details of person/s (authorised nominee/s) who have consent to authorise collection, transportation, administration of medication, medical treatment, notify and care for your child and who can authorise an educator to take the child outside the education and care service premises and seek ambulance service.*

There may be times when your child may need to be collected, delivered, transported or may have an accident, injury, trauma, requires medication administered, medical treatment or falls ill and the parents or guardians or persons with parental responsibilities cannot be contacted. To deal with these situations the children's service should notify one of the following people who are authorised and who can provide consent.

Full Name: _____	Full Name: _____
Telephone (H) _____ (W) _____ (M) _____	Telephone (H) _____ (W) _____ (M) _____
Address _____ Postcode: _____	Address _____ Postcode: _____
Relationship to child: _____	Relationship to child: _____

**If you are unable to provide details of two persons (authorised nominees) you need to sign the following declaration:**

I (full name): \_\_\_\_\_ do not have contact details of two additional persons (authorised nominees) in an event where After The Bell Aus cannot contact the Parent/Guardian/Person with Parental Responsibility. After The Bell Aus will adhere to Company policies and procedures (late pick up policy) if a situation is to arise where the Parent/Guardian/Person with Parental Responsibility cannot be contacted.

Signature: \_\_\_\_\_ Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Health and Medical Needs

**Note: If your child has a health requirement/need, the person with responsibility will be required to consult on and approve a compulsory risk minimisation and communication plan before care commencement.**

### Child's Immunisation Record

Has the child been immunised?  No  Yes **Please photocopy and attach your child's current Medicare immunisation history statement.**

**Note: Your child cannot attend any OSHC program without a current Medicare Immunisation history statement. If your child is not immunised, you must still attach a letter from your GP and/or Centerlink stating that your child has missed immunisation requirements or is not immunised at all.**

### Child's Health Information

Name Doctor/Medical Service: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address Doctor/Medical Service: \_\_\_\_\_ Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Medicare Number: \_\_\_\_\_ Ambulance Cover Number: \_\_\_\_\_

### Child's Medical Information

Has your child been **diagnosed** with any of the following medical conditions (please tick):

	No	Yes	Ensure the action plan provided is not older than 12mths
<b>Anaphylaxis</b>	<input type="checkbox"/>	<input type="checkbox"/>	→ If YES you must attach a coloured action plan with a current photo of your child. The action plan <b>must be</b> signed by a medical practitioner. An Auto adrenaline device must be provided to the OSHC Program prior to attendance.
<b>Epilepsy</b>	<input type="checkbox"/>	<input type="checkbox"/>	→ If YES you must attach a coloured action plan with a current photo of your child. Applicable medication must be provided to the OSHC Program prior to attendance.
<b>Diabetes</b>	<input type="checkbox"/>	<input type="checkbox"/>	→ If YES you must attach a coloured action plan with a current photo of your child. The action plan <b>must be</b> signed by a medical practitioner. Applicable medication/ insulin food must be provided to the OSHC Program prior to attendance.
<b>Allergy</b>	<input type="checkbox"/>	<input type="checkbox"/>	→ If YES you must attach coloured action plan with a current photo of your child. The action plan <b>must be</b> signed by a medical practitioner.
<b>Asthma</b>	<input type="checkbox"/>	<input type="checkbox"/>	→ If YES you must attach a coloured action plan with a current photo of your child. The action plan <b>must be</b> signed by a medical practitioner. An Asthma device and applicable medication must be provided to the OSHC Program prior to attendance.
<b>Eczema</b>	<input type="checkbox"/>	<input type="checkbox"/>	→ If YES you must complete and attach a medical condition alert form (available from our website in the 'Resource' section).

### Other Care Requirements

	No	Yes	
<b>Dietary Needs &amp; Sensitivities</b>	<input type="checkbox"/>	<input type="checkbox"/>	→ If YES you must attach a Dietary Sensitivity Form.
<b>Additional Needs, such as a disability, intellectual, sensory or physical impairment</b>	<input type="checkbox"/>	<input type="checkbox"/>	→ If YES you must attach an Additional Needs Form. If inclusion support is required, please indicate this on the Additional Needs Form.

**Note: If your child attends one of our standalone Specialist Program OSHC programs you are required to complete the Additional Needs form. Once completed it is to be attached to the enrolment form when submitting.**

### Other Information / Special Considerations

Is there is anything else that After The Bell Aus should know about your child? (e.g. excessive fears, favourite activities, cultural beliefs, religion etc.).

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### Court orders relating to the child- Current court order is required

Are there any court orders relating to the powers, duties, responsibilities or authorities of any person in relation to the child or who has access to the child? **Please ensure to provide After The Bell Aus an updated court order prior to any expiration date.**

No  Go to the next section  Yes

**A copy of the current in date Court Order/s must be attached to this enrolment form when submitting**

### Child's Child Care Subsidy Details

Parent/Guardian/Person with Parental Responsibility CRN: \_\_\_\_\_ D.O.B: \_\_\_\_/\_\_\_\_/\_\_\_\_

Child CRN: \_\_\_\_\_ D.O.B: \_\_\_\_/\_\_\_\_/\_\_\_\_

The CRN belongs to?  Mother  Father  Other:(please specify) \_\_\_\_\_

**Note: If this section is left blank, incomplete or the details are incorrect After The Bell Aus cannot link with Centerlink to have Child Care Subsidy applied to your account (if eligibility exists) and the full session rates will be payable.**

To register for Child Care Subsidy visit MyGov at <https://my.gov.au/>. For more information contact the Family Assistance Office on 13 61 50

## Account Details

After The Bell Aus policy regarding all accounts is that all payments will be direct debited from your nominated bank account on a fortnightly basis for outstanding care fees. Please refer to the Parent/Guardian Handbook and Vacation Care Terms and Conditions regarding payment methods. The account holder must ensure their account is at zero balance after each required debit period.

**Please ensure you have attached a complete and signed Debitsuccess Direct Form to this Enrolment Form (one per family account),** as this is required as part of the enrolment process. The Direct Debit form can be located on our website at [www.afterthebell.com.au](http://www.afterthebell.com.au) in the 'Resource' section.

**The main account holder's full name?** \_\_\_\_\_

*i.e. the person who will receive account information and After The Bell Aus information e.g. statements*

**Booking Details: Bookings/cancellations can be made by emailing [enrolment@afterthebell.com.au](mailto:enrolment@afterthebell.com.au)**

<b>Casual Care Only-</b> <input type="checkbox"/> Commencing ___/___/___	<b>Vacation Care Only-</b> <input type="checkbox"/> Commencing ___/___/___
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Permanent Weekly Care

	Monday	Tuesday	Wednesday	Thursday	Friday
<b>Before School Care:</b> Commencing ___/___/___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>After School Care:</b> Commencing ___/___/___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Permanent Care       Fortnightly Bookings-

Fortnight Week One:      Commencing \_\_\_/\_\_\_/\_\_\_

	Monday	Tuesday	Wednesday	Thursday	Friday
<b>Before School Care:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>After School Care:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fortnight Week Two:      Commencing \_\_\_/\_\_\_/\_\_\_

	Monday	Tuesday	Wednesday	Thursday	Friday
<b>Before School Care:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>After School Care:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Transportation Consent

If your child is using our transport service for After School Care you must complete a Transport Consent Form. This form can be obtained by calling our Head Office. **Please ensure the Transport Consent form is attached to the Enrolment Form (one per child)**

## Consents

	No	Yes
I give permission for my child to be photographed by After The Bell Aus staff for the purpose of the Program's group and individual portfolio		
I give permission for photo images of my child to be used in After The Bell Aus publications, video presentations, advertising, public promotional materials		
I give permission for my child to be photographed and/or videotaped in the event of media reportage, newspaper advertisement		
I give permission for images of my child to be used on the After The Bell Aus Facebook page		
I give permission for images of myself to be used on the After The Bell Aus Facebook page		
I give permission for my child to have the service 's sunscreen brand 30+ sunscreen applied		
I give permission for After The Bell Aus staff members to inspect my child's head for head lice		
I give permission for my child to have their face painted		
I give permission for my child to have coloured hairspray applied		
I give permission for my child to have a temporary tattoo applied		

## Declaration and Consent

### I, Account Holder/Parent/Guardian/Person with Parental Responsibility

A person with lawful authority of the child referred to in this Enrolment Form,

- I declare that the information in this enrolment form is true, correct and undertake to immediately inform After The Bell Aus in the event of any changes to my child's enrolment details, as well as booking information, payment requirements, court order, health management information is updated to After The Bell Aus. After The Bell Aus holds no liability in an event with your child, as of a result of incorrect and/or not up to date information provided regarding the child and account information.
- It is the parent/guardian's responsibility to ensure they have looked and read the evacuation procedure at the location where their child attends, as well as any important notices, licensed areas, VAC flyer, posters pertaining to where their child will be. As signing the enrolment form and submitting the online booking VAC booking form acknowledges and accepted licensed areas, activities, excursions, incursions, routine outings.
- I agree to collect or make arrangements for the collection of the child referred to in this enrolment form if my child becomes unwell at the service;
- I acknowledge that my child will not attend the program if suffering from an infectious or contagious disease. In the event that my child is injured or becomes ill during the program, either an authorised person or I shall collect my child.
- I consent to the proprietor After The Bell Aus carers to seek and/or transport my child for medical treatment, medical treatment from practitioner, emergency services, hospital or ambulance service and agree to meet any expenses that may result. I consent my child to be transported in an educators' personal vehicle in the event of an emergency and/or with prior consent by the means of transportation stated.
- I accept, understand and acknowledge all bookings, cancellation, re-enrolling policies procedures for Before, After, Vacation Care, Student Free days, public holidays, strike days, camp days at our programs.
- I understand that if my child continuously misbehaves and/ or disrespectful whilst being cared for and after behaviour guidance procedures have been followed. I will be notified, and my child may be removed from the program and may be excluded from all After The Bell's programs. This may be regardless if an incident report or behaviour management contract has been in place and issued.
- I understand that OSHC educators do not supervise my child until they are signed into the program. Neither are they supervised after they have been signed out of the program by a Parent/Guardian/Person with Parental Responsibility or authorised nominee.
- If my child attends external activities during attendance of the program, I am required to complete an external consent form. I understand that After The Bell Aus has the right to not release my child without prior written consent is provided on the relevant form emailed to the enrolments department and approved.
- I agree, accept and understand to abide by all policy, procedures and philosophy guidelines of the service and what is set out in the Parent/Guardian Handbook, terms and conditions on the company website, Company Policy Manual, statement messages and email information.
- I give permission for my child to participate in program-based activities organised for the days my child will be attending, including watching PG rated videos / movies.
- I agree, accept After The Bell Aus will not accept any liability for personal injury, property damage or loss sustained by any participant as a result of his or her participation at the program due to any cause whatsoever unless caused by the proven negligence of After The Bell Aus, its directors or employees. All persons accessing After The Bell Aus facilities must comply with the behaviour, safety guidelines and occupational health and safety requirements, Child Safe Standards if this is not adhered to After The Bell Aus is not liable (its directors or employees).
- I agree and accept After The Bell Aus will not accept any liability for personal injury, property damage or loss sustained, as a result of my child not following behaviour guidance, program rules and aggressive free environment policy and procedures. I accept and acknowledge my child cannot climb and stand on furniture, fences, piggy backing, trees and/or any structure more than 1meter in height and chairs. My child accessing After The Bell Aus facilities must comply with the behaviour, safety guidelines and occupational health and safety requirements, if this is not adhered to After The Bell Aus is not liable (its directors or employees).
- I accept, understand and acknowledge that any After The Bell Aus documents cannot be converted and/or changed without prior written consent from the After The Bell Aus Director. If it is found that any of After The Bell Aus documents have been changed and/or converted without written consent, the document will not be accepted and deemed in breach of Copyright laws and company policies and procedures.
- I understand that if my child is not collected from the service by closing time that the account holder will incur a late fee penalty as specified in the parent/guardian handbook and all costs will form part of After The Bell Aus billing process and will be debited and/or recovered as per debiting and debt recovery processes.
- I confirm that the information provided is correct and precisely matches the information submitted to Centerlink. I understand that any discrepancies between the two may lead to the service being unable to claim Child Care Subsidy (if eligible). In this instance I will be required to pay full fees. I understand that it is my responsibility to provide the correct Family Assistance information and not the responsibility of After The Bell Aus to chase it up with me. Any credit adjustment relating to the Family Assistance Office will remain on the account until credit is at zero balance.
- I understand that if an enrolment and re-enrolment is not completed with required attachment and required care information my child will not be accepted into the program.
- I understand that if I do not inform or provide After The Bell Aus with undated information regarding my child's health needs, court order, medication, additional needed information, risk minimisation/ communication plan, direct debit form my enrolment will be suspended until required information and/or medication is provided.
- I acknowledge that my child can be removed from the program as a result of unpaid debt, misbehaviour, or not providing relevant documentation required in this Enrolment Form and not following After The Bell Aus policies and procedures.
- I accept and understand that After The Bell Aus uses an electronic sign in and out attendance system and I must ensure my account has current contact details to access the Kiosk. I understand if I do not sign in or out an educator will conduct this in behalf and I will be asked to confirm this on my next child attendance. If the Kiosk is down I understand I will be required to manually sign in and/or out.
- I accept and understand that if I am using an approved respite agency or NDIS (National Disability Insurance Scheme) for payment of fees, the agency must comply with the terms and conditions of payment. If they do not comply the account holder will be liable for any care costs incurred and any other debt recovery or default fees.
- I accept and understand that if my child requires Inclusion Support in our Mainstream service, I must ensure I have provided all the required information to apply for funding, as shared care can only be provided once funding is approved by ISS. I accept and understand that Inclusion Support Funding provides shared cared only and is not one on one support.
- I acknowledge that all the information provided on the Enrolment Form can be used for debt recovery to various debt collection agencies and/or the Company's Accounts Financier.
- I accept that fees, operation hours, operational days, bookings and cancellation processes and policies are subject to change. Changes will be communicated via email and notices.
- I authorise my child to go on routine outings on the OSHC premises and to travel to and from an incursion and excursion via the means arranged by After The Bell Aus. The mode of transport may be bus, tram, taxi, train or walking. I know as part of an excursion and applicable incursion I have read and understood the risk assessment as this forms part of consent for my child to attend and be transported on incursions and excursion days. After The Bell Aus holds no responsibility for me not reading information provided regarding the care and care account of my child.
- I acknowledge that the persons I have placed as Authorised Nominees understand their responsibility regarding this authorisation and are aware that you have nominated them.
- I have obtained a copy of the Parent/Guardian Handbook from the service or electronically from Head Office and accept, understand that the policy and procedure manual is available for my viewing on request from Head Office. I accept and agree to all the content in both Parent/Guardian Handbook and Policy Manual and I will ensure I am up to date with all changes pertaining to the Parent/Guardian Handbook that are provided via email to the account holder.
- I accept all fees and agree to all charges occurred with After The Bell Aus and have read and accepted the fees, debt collection, exclusion, dishonour and payment policies and procedures.
- I agree to all the terms and conditions and charges in the Debit form provided and the online credit card payment system for Vacation Care.
- I understand and consent that any payment information provided to After The Bell Aus via the company's nominated Direct Debit form and via the online Vacation payment system (for credit card) can be used at any time that my After The Bell Aus account has any outstanding funds.
- I acknowledge that my After The Bell Aus account and payment methods remain active for use and collection of fees until I revoke this authorisation in writing to After The Bell Aus Head Office.
- I understand and acknowledge that I must complete a re-enrolment form or enrolment form each new calendar year and adhere to the policies and procedures pertaining to annual re-enrolment and understand and accept charges involved.
- I understand and acknowledge that we have read the policies and procedures pertaining to medical treatment, natural disasters and emergency and evacuation processes in the event this is to occur.
- I acknowledge that After The Bell Aus is required to disclose information to the Department of Education and other government agencies, as all OSHC services are governed by both Departments. I understand that After The Bell Aus adheres to the Privacy Act 1988 and will ensure that information in my child's Enrolment records are not divulged to another person unless necessary for the care or education of my child, to manage medical treatment of my child, where expressly authorised by the parent, prescribed in the Education and Care Services National Regulation and Education and Care Service National Law Act, if required by law or in accordance with the Privacy Act 1988 and Information Act 2010. After The Bell Aus complies with the Child Safe Standards Government requirements.

**ACCOUNT HOLDER/PERSON WITH PARENTAL RESPONSIBILITY (PRINT FULL NAME):** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_/\_\_\_/\_\_\_

#### Confidentiality of Enrolment Records

The proprietor of the children's service must ensure that information in the child's enrolment record is not divulged to another person unless necessary for the care or education of the child, to manage medical treatment of the child, where expressly authorised by the parent or prescribed in the Education and Care Services National Regulations 2011 (regulation 35(1) (d-e))

The Education and Care Services National Law Act 2010 (National Law) and the Education and Care Services National Regulations 2011 (National Regulations) use some different terminology from that used in the Children's Services Act 1996 and the Children's Services Regulations 2009.

"Lawful Authority" is not referred to in the National Law or the National Regulations. Instead there is a reference to 'parental responsibility'. The term is referred to in the definition of parent in the National Law (above) and is defined in the Family Law Act 1975 as "all the duties, powers, responsibilities and authority which, by law, parents have in relation to children".

**PARENTS:** All parents have the powers and responsibilities in relation to the children that can only be changed by court order. These refer to all the duties, powers, responsibilities and authority are referred to as parental responsibility. It is they are not affected by the relationship between the parents, such as whether or not they have lived together or married. A court order may take away the authority of a parent to do something or give it to another person.

**GUARDIANS:** A guardian of a child also has parental responsibility. A legal guardian is given parental responsibility by a court order. This includes situations where a child does not live with his or her parents and there are no court orders. In these cases, the guardian is the person the child lives with who has day-to-day care of the child.

**PARENTAL RESPONSIBILITY:** A person other than a parent can be allocated parental responsibility, that is, all the duties, powers, responsibilities and authority which, by law, parents have in relation to children, under a decision or order of a court.

**AUTHORISED NOMINEE** means a person who has been given permission by a parent or family member to collect the child from the education and care service or the family day care educator. See section 170(5) of the Law.

**Head Office Postal Address:** PO BOX 7082, Upper Ferntree Gully VIC 3156 accepted by post or via email (at own risk)

**Phone:** VIC: 03 9758 6744 NSW; 02 8073 4745 QLD: 07 3171 3112 **Email:** [enrolment@afterthebell.com.au](mailto:enrolment@afterthebell.com.au) **Website:** [www.afterthebell.com.au](http://www.afterthebell.com.au)

#### OFFICE USE ONLY

Date Enrolment Form Rec: \_\_\_/\_\_\_/\_\_\_ Date Enrolment Ent: \_\_\_/\_\_\_/\_\_\_ Date 'S' to Prog: \_\_\_/\_\_\_/\_\_\_ Immunisation Record attached: Yes

Health Management Form attached No Yes N/A Type: \_\_\_\_\_ Court Order attached: No Yes N/A

CCS Formalised No Yes N/A Reason for N/A: \_\_\_\_\_ Processed by: \_\_\_\_\_

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