

# Out of School Hours Care

## Application for Enrolment

Creating Links (N.S.W.) Ltd. provides Out of School Hours Care and Vacation Care programs for school-aged children, with both permanent and casual care arrangements available. Each of our services offer various care components - for further information please contact the coordinator.

The Commonwealth Government has a Policy on Priority of Access.

- Priority 1: A child at risk of serious abuse or neglect.
- Priority 2: A child of a single parent who satisfies, or of both parents who both satisfy, the work/training/study test under Section 14 of the A New Tax System (Family Assistance) Act 1999.
- Priority 3: Any other child.

In addition to, and including the above, we will also give priority to bookings according to the time at which they are received by one of our service coordinators or administration staff. For further information please visit [www.mychild.gov.au](http://www.mychild.gov.au).

Please acknowledge that the details you provide in your child's enrolment form may be used across all Creating Links' Services.

**Name of Out of School Hours Care service:**

### Child's Information

PASTE PHOTO  
OF CHILD HERE

First name:

Middle name:

Surname:

Address:

Suburb:

Postcode:

Date of Birth:

Gender:  Male  Female

Age:

Country of Birth:

Year at school:

Child CRN Number:

Name of school:

Indigenous origin and cultural background (Please tick relevant box):

- Aboriginal
  Torres Strait Islander
  Aboriginal and Torres Strait Islander  
 Other cultural/religious background

Does your child speak a language other than English at home?

Yes  No

If yes, please specify: .....

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### Court Orders

Are there any court orders, parenting orders or parenting plans in relation to the child or access to the child? If yes, a copy is required to be attached to this application. Note: The service cannot enforce custody issues without a copy of the relevant Court Order being provided. Please discuss custody issues with the coordinator before enrolment.

Yes     No

Please specify:

Copy attached

### Health

Has your child received all the required immunisations for their age?

Yes     No

Please provide a copy of your child's immunisation records if you are enrolling your child into a Creating Links service for the first time.

Copy attached

Does your child have any dietary requirements (other than allergies) such as for religious beliefs?

Yes     No    If yes, please specify: .....

Does your child have any allergies? If yes, a Medical Alert Sheet needs to be completed and attached.

Yes     No    Severity:    Mild     Moderate     Severe

If yes, please provide details: .....

I have attached Medical Alert Sheet

I have attached Medical management Plan signed by a medical Practitioner

Does your child have Epilepsy or Diabetes? If yes, a Medical Alert Sheet needs to be completed and attached.

Yes     No    If yes, please provide details: .....

If yes, please provide details: .....

I have attached Medical Alert Sheet

I have attached a Medical Management Plan signed by a Medical Practitioner

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### Health Continued

Does your child require any medication? For example, Ventolin, etc.

Yes     No    If yes, please provide details: .....

Is your child medicated regularly?

Yes     No    If yes, please provide details: .....

Does your child have any additional support needs? If yes, a Medical Alert Sheet needs to be completed and attached.

Yes     No    If yes, please specify details: .....

I have attached Medical Alert Sheet

Has your child been diagnosed or is undergoing assessment for any areas that may help us in providing an inclusive environment? For example, ADHD, Autism, Aspergers.

Yes     No

If yes, please provide details on how this effects your child (for example, difficulty listening to educators, following direction, aggressive behaviours towards self and others):

Does your child require inclusion support?

Yes     No

If yes, do you give permission for information to be obtained for use by the Inclusion Support Agency?

Yes     No

If your child has a diagnosed specific health care need, is there anything that you do or modify at home?

Yes     No    If yes, please provide details: .....

Does your child have a need for additional assistance in any of the following areas?

Learning needs                       Communication needs                       Mobility needs  
 Interpersonal needs                       Other needs

If yes, please provide details:

If not addressed above, please specify any behavioural conditions including how it effects your child (for example, difficulty listening to educators, following direction, aggressive behaviours towards self and others):

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### Health Continued

Has your child previously run away from a service?

Yes     No    If yes, please specify: .....

Are there any other special considerations regarding your child?

Yes     No    If yes, please specify details: .....

Does your child suffer from fears of phobias?

Yes     No    If yes, please specify details: .....

What are your child's interests and hobbies?

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

### Attendance

Start Date:

Permanent Booking

Please indicate your child's permanent attendance across the week by ticking the box corresponding to the days you require:

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

If your child has a diagnosed specific health care need, is there anything that you do or modify at home?

Casual Booking

If you require casual days please indicate a start date and book in with your OOSHC coordinator as required.

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### Medical

Name of Doctor:

Doctor's / Medical Centre name:

Suburb:

Phone Number:

Postcode:

Valid to Date:

Child Reference Number:

Private Health Insurance:  Yes  No

If yes, name of fund and membership number:

Expiry date:

Ambulance Insurance:  Yes  No

If yes, membership number:

I give permission for the program to seek information from the Doctor/Medical Centre named above about how to manage any allergy or medication condition experience by my child:  Yes  No

Parent Signature:

Date

### Parent/Guardian Information

#### Parent/Guardian A

#### Parent/Guardian B

Surname:

Surname:

First name:

First name:

Date of Birth:

Date of Birth:

Gender:  Male  Female

Gender:  Male  Female

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### Parent/Guardian Information Continued

#### Parent/Guardian A

#### Parent/Guardian B

Customer Reference Number (CRN):

Customer Reference Number (CRN):

Centrelink  
Account name:

Centrelink  
Account name:

Address:

Address:

State:

Postcode:

State:

Postcode:

Home Phone:

Home Phone:

Mobile Phone:

Mobile Phone:

Work Phone:

Work Phone:

Email Address:

Email Address:

Are you a single supporting parent?  Yes  No

Are you a single supporting parent?  Yes  No

Are you eligible to claim Child Care Benefit and/or Child Care Rebate?  Yes  No

Are you eligible to claim Child Care Benefit and/or Child Care Rebate?  Yes  No

Is an external agency paying fees?  Yes  No

Is an external agency paying fees?  Yes  No

If yes, name of agency:

If yes, name of agency:

Work Status:

- Full time       Looking for work  
 Part time       Disability or working carer  
 Casual       Studying or training

Work Status:

- Full time       Looking for work  
 Part time       Disability or working carer  
 Casual       Studying or training

Employer:

Employer:

Address of Employer:

Address of Employer:

Suburb:

Suburb:

State:

Postcode:

State:

Postcode:

Occupation:

Occupation:

Is English your first/main language?  Yes  No  
If no, please specify:

Is English your first/main language?  Yes  No  
If no, please specify:

Are you Aboriginal or Torres Strait Islander?

Yes  No

Are you Aboriginal or Torres Strait Islander?

Yes  No

Country of Birth:

Country of Birth:

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### Authorised Nominees

Authorised nominees will be contacted in cases where the child's parent/guardian cannot be reached.

Requirements:

- All authorised nominees must be over the age of 18 years
- All authorised nominees must be authorised to collect the child from the Creating Links OOSH Service
- The nominees must be authorised for emergency contact
- The nominees must be authorised to collect the child for medical purposes

Note: It is important that you inform the nominees of their requirements in relation to your child and the service. Staff may request identification from nominees if they are required to collect your child.

	Nominee 1	Nominee 2
Full name:		
Date of Birth: Age:		
Relation to child:		
Home Phone:		
Mobile:		
Work Phone:		
Home Address:		
<b>Authorised Nominee for Emergency Contact</b> I hereby authorise this person to be contacted by Creating Links educators in case of emergency if I cannot be contacted. (The nominee must be within a reasonable distance to the service to be able to collect the child).	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Authorised Nominee for Collection</b> I hereby authorise the Creating Links educators to allow this person to collect my child from the Creating Links Service. This person is authorised to sign my child in and out of the service.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Authorised Nominee for Medical</b> I hereby authorise this person to consent for medical treatment of, or to authorise the administration of medication to my child and medical treatment from a medical practitioner, dental, hospital or ambulance service. I authorise this person to consent for medical treatment for my child as outlined.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Authorised Nominee for Authorising Educators</b> I hereby authorise this person to authorise the Creating Links educators to take my child outside the service.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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### Child Care Benefit

Customer Reference Number (CRN) must be provided to claim available benefits. To ensure that you receive Child Care Benefit (CCB) you MUST provide on this 2015 Application for Enrolment form the Customer Reference Number and date of birth of the parent/guardian who has applied for Child Care Benefit and the Customer Reference Number and date of birth for each child who will be receiving Child Care Benefit. This is a unique number given to each individual family member.

- Is your child registered with Centrelink for Child Care Benefit?  Yes  No
- Does the child you are enrolling currently attend another service?  Yes  No
- Do you have any other children currently enrolled in another child care service?  Yes  No

Note: your Customer Reference Number needs to be Child Care specific and activated through Centrelink.

### Consent

#### CODE OF CONDUCT

I have read the Code of Conduct and agree to abide by the guidelines. I have informed the child of the guidelines and take responsibility for them abiding by the guidelines. I understand that there are consequences for not following the Code of Conduct and that the positive strategies that are outlined in the Code of Conduct will be implemented if my child is in breach of the guidelines.

- 
- Yes
- 
- 
- No

#### PARENT HANDBOOK

I have received and read the Parent Handbook and agree to be bound by the information and policies and procedures outlined by Creating Links therein.

- 
- Yes
- 
- 
- No

#### PRIVACY ACKNOWLEDGEMENT

I acknowledge the information provided in this form is to be used by the Creating Links for the sole purpose of providing OOSHC services for my child and that the information will only be released when legally required to do so. I understand that full disclosure of any additional needs for my child is mandatory.

- 
- Yes
- 
- 
- No

#### PHOTOGRAPHY

I give consent for my child's photographs and video imagery to be used for publicity for Creating Links. Our services' Duty of Care is to ensure that children's safety and privacy is of the highest priority at all times.

- 
- Yes
- 
- 
- No

#### MOVIES

I give consent for my child to watch an occasional movie deemed appropriate by educators that has a rating of either 'G' or 'PG' in service and on excursions.

- 
- Yes
- 
- 
- No

#### SUNSCREEN

I give consent for my child to use provided 30+ sunscreen during programmed activities. (If no, please provide an alternative sunscreen).

- 
- Yes
- 
- 
- No

#### MEDICAL TREATMENT AND FIRST AID

I give consent for my child to receive medical treatment from a medical practitioner, hospital or ambulance service and the transportation in an emergency by ambulance and agree to pay all incurred costs. I hereby give permission for the service to carry out appropriate first aid treatments, including administering medicine in case of an emergency.

- 
- Yes
- 
- 
- No

#### GENERAL SPORTS

I give consent for my child to participate in regular recreational activity programs operated by Creating Links during OOSHC. These may be soccer, football, ball games, running games, dancing, skipping, climbing, etc. My child's participation in any activity is voluntary and not compulsory. Creating Links' educators will duly exercise their Duty of Care.

- 
- Yes
- 
- 
- No

#### TRAVEL CONSENT - WALKING

I give consent for my child to travel supervised from school to the OOSHC service by walking, this will include planned excursions during term. I understand that due care will be taken at all times by Creating Links educators and that the employee cannot be held responsible for any damage or injury occurring during the travel.

- 
- Yes
- 
- 
- No

#### TRAVEL CONSENT - EXCURSIONS

I give consent for my child to attend regular program excursions as indicated by me on the Vacation Care Booking Form. Additional authorisation will be sought for additional excursions and Vacation Care. The employee cannot be held responsible for any damage or injury occurring during the travel. Please see our program of activities for details of excursions.

- 
- Yes
- 
- 
- No

#### BUS RUN SERVICE ONLY

I give consent for my child to travel supervised to and from school by a Creating Links vehicle. I understand that due care will be taken at all times by Creating Links employees and that the employee cannot be held responsible for any damage or injury occurring during travel.

- 
- Yes
- 
- 
- No

#### LIABILITY

I give consent for my child to attend a Creating Links service and will not hold Creating Links, its educators or volunteers responsible for damages and/or loss of property and/or accident.

- 
- Yes
- 
- 
- No

Full Name:

Date:

Signature:



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### Parent/Guardian Responsibilities

Please indicate that you have understood the below conditions of enrolment by ticking the corresponding box. Please ensure all boxes are marked.

- I acknowledge that there will be no refunds or credit given for the administration fee or Vacation Care bookings if I cancel any of my child's enrolment / bookings. I acknowledge I must give 2 weeks written notice for cancellation of care or change of days on the Account Enquiry Form for Out of School Care Enrolments.

#### Privacy Statement

- Creating Links acknowledges and respects the privacy of individuals. The information that is being collected is for the purposes of processing your enrolment and financial institution payments. Creating Links, authorised educators and contracted service providers such as financial institutions and Government agencies covered by law, may be recipients of this information. If you do not wish to have your information contained in this document used or disclosed for this purpose Creating Link will be unable to process your enrolment.
- I acknowledge responsibility to disclose any diagnosed or undiagnosed concerns or behavioural conditions my child may have.

- Creating Links may require the child to leave the OOSHC service in order to provide a place to a higher priority child as per the Priority of Access guidelines. If at any time the service does not have the capacity to meet the needs of the child, an exit strategy and referral will be put into place where possible.

Parents/guardians are required to:

- Maintain appropriate and respectful communication with the service educators
  - Not use abusive or threatening language, inclusive of swearing, while at the service
  - Not approach any child other than their own while at the service.

Parents/guardians must inform the service:

- If their child is absent or picked up late, a fee will be charged. (see Parent Handbook for more information)
  - If their child has been unwell
  - Of any court orders that are in place regarding their child.

- I hereby state that the above information supplied is correct and all information that may affect my child's care and the care of other children enrolled at the Creating Links has been included. I understand that enrolment in the service(s) is conditional on the accuracy of the information supplied by me and that my child's participation may be terminated with no refund costs incurred, if the information is found to be inaccurate or misleading. I understand that my responses to the above questions will be acted upon as I have directed and any alteration to this information made by me will need to be made in writing.

I (full name) ..... (the undersigned) confirm the information provided within this form is understood and correct, and understand it is my/our responsibility to update any details should they change.

Signature: ..... Date: .....