

# OATLEY WEST OOSH

## 2017 RE-ENROLMENT FORM

Oatley Park Avenue OATLEY  
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SOUCI NSW 2219  
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### Child Details

1<sup>st</sup> Child's Surname: \_\_\_\_\_ Child's First Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Class at School: \_\_\_\_\_

2<sup>nd</sup> Child's Surname: \_\_\_\_\_ Child's First Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Class at School: \_\_\_\_\_

3<sup>rd</sup> Child's Surname: \_\_\_\_\_ Child's First Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Class at School: \_\_\_\_\_

### Enrolment Details

Please circle Care type: Permanent / Casual

Days of attendance: Please mark with a tick

Session	Monday	Tuesday	Wednesday	Thursday	Friday
Before School Care					
After School Care					

Please specify any special care details e.g. alternate weeks of care/ casual care:

### Parent/ Guardian Details

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Work Name and Address: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Parent/ Guardian Details

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_  
Other name/s parent is known by: \_\_\_\_\_  
Address: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Work Name and Address: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Emergency Contacts

### Primary Parent/ Guardian Details

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Other name/s parent is known by: \_\_\_\_\_

Best Contact Phone: \_\_\_\_\_ Second Contact Phone: \_\_\_\_\_

### Parent/ Guardian Details

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Other name/s parent is known by: \_\_\_\_\_

Best Contact Phone: \_\_\_\_\_ Second Contact Phone: \_\_\_\_\_

### Authority to Collect/ Emergency Contacts

Please list at least one person (other than custodial parents) authorised to collect your child and at least two people that we may contact if we cannot locate you in an emergency:

#### Contact 1

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

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

Authority to collect: YES [  ] / NO [  ]

Authority to authorise an educator to administer medication YES [  ] / NO [  ]

#### Contact 2

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

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

Authority to collect: YES [  ] / NO [  ]

Authority to authorise an educator to administer medication YES [  ] / NO [  ]

#### Contact 3

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

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

Authority to collect: YES [  ] / NO [  ]

Authority to authorise an educator to administer medication YES [  ] / NO [  ]

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Permission Forms

### Consent to administer sunscreen

My child is allergic to a certain sunscreen/insect repellent

If yes, please state the brand name \_\_\_\_\_

YES [ ]/NO [ ]

YES [ ]/NO [ ]

### Consent to administer/apply first aid/ medical

I/We provide permission for Oatley West OOSH educators to apply:

- First Aid strips- such as bandaids

YES [ ]/NO [ ]

- Antiseptic cream- such as dettol

YES [ ]/NO [ ]

- One dosage only of Panadol in the event of a child's body temperature rising above 37.5°C

YES [ ]/NO [ ]

Any concerns, please specify \_\_\_\_\_

- Acknowledge that my child will not attend the Centre if suffering from an infectious or contagious disease

YES [ ]/NO [ ]

### Leave the premises

I/We provide permission for Oatley West OOSH educators to remove my child from the premises in the case of an emergency arising (such as fire) and relocate them to designated safe locations and for my child to participate in organised fire drills.

YES [ ]/NO [ ]

I /We give permission for my child to be walked or use other forms of transport on excursion outings and to and from school to the Centre.

YES [ ]/NO [ ]

Parent/Guardian Signature: \_\_\_\_\_

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

### Privacy Permission

I/We provide permission for Oatley West OOSH:

To take and use photographs of my child to use in any displays within the service

YES [ ]/NO [ ]

To take photographs of my child to be used to observe/report on my child

YES [ ]/NO [ ]

To take and use photographs for use by our employees as part of their studies through TAFE, University or other recognised educational institutions.

YES [ ]/NO [ ]

I/We understand that all information will be treated confidentially, and that my child's full name will not be disclosed with any photography, and that I may exclude any of the specific permissions provided in the above list. YES [ ]/NO [ ]

### Medical Emergency

In the case of an accident or emergency including every effort will be made to contact the parent/guardian immediately.

In the event that my child requires medical attention including dental emergencies.

I/We authorise the employees at Oatley West OOSH to obtain/provide medical assistance, and agree to pay any medical/transport cost incurred, including ambulance.

YES [ ]/NO [ ]

Parent/Guardian Signature: \_\_\_\_\_

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

Parent/Guardian Signature: \_\_\_\_\_

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

## Child participation

I/We understand that all due care will be taken by Oatley West OOSH and that the service or educators will not be held responsible for any loss of or damage to property or injury occurring during the running of the Before School Care, After School Care and Vacation care program unless caused by the proven negligence of Oatley West OOSH educators

YES [  ]/ NO [  ]

I/We the undersigned, approve of my child/ren's involvement in Oatley West OOSH program

YES [  ]/  
NO [  ]

I/We give permission for my child/ren to participate in Centre-based activities organised for the days my child will be attending

YES [  ]/ NO [  ]

I/We understand that if my child continuously misbehaves after guidance procedures have been followed, I will be notified and my child may be removed from the Centre

YES [  ]/ NO [  ]

I/We agree that the information I/We have provided on this form is correct

YES [  ]/ NO [  ]

I/We have read the handbook and agree with and understand that I/we must abide by all policies/ procedures and Centre daily functioning rules

YES [  ]/ NO [  ]

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Payment Agreement

### Fee Payment

- I/We acknowledge that a session fee is payable for each session in which my child is enrolled.
- I/We acknowledge that this session fee is payable for the reservation of a position, not the attendance of my child.
- I/We acknowledge that all fees are payable two weeks in advance of attendance and that normal fees are payable at all times including for any period of absence for illness/holidays or for any other reasons.
- I/We acknowledge that if fees are not paid on time then my child's enrolment at Oatley West OOSH will be terminated.
- I/We understand that fees charged may be changed/increased during the time my child is enrolled in care.
- I/We acknowledge that if I decide to withdraw my child from the Centre then I/we will provide two weeks written notice of my intention, and I agree to pay all monies outstanding prior to the withdrawal of my child.
- I/We acknowledge that all fee payments are paid via Ezi Debit.
- I/We understand that failure to regularly pay our fees on time will result in our account being referred to a debt collector where further fees will be incurred.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_