

**TREBOR ROAD OUT OF SCHOOL HOURS CARE  
INCORPORATED REGISTERED NO. Y2114945  
TROOSHC INC**

**7 Trebor Rd, (PO Box 82)  
PENNANT HILLS NSW 2120  
troosh82@yahoo.com.au  
0423 647 607**

**ENROLMENT FORM (A SEPARATE FORM IS REQUIRED FOR EACH CHILD)**

**SECTION 1: CHILD’S DETAILS**

**CHILD’S FULL NAME:** \_\_\_\_\_

**GENDER:** \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_

\_\_\_\_\_  
**DATE OF BIRTH:** \_\_\_\_\_

**COUNTRY OF BIRTH:** \_\_\_\_\_

**CULTURAL BACKGROUND:** \_\_\_\_\_

**LANGUAGES SPOKEN AT HOME BY CHILD:** \_\_\_\_\_

**Child’s Family Assistance Office Reference Number (CRN):** \_\_\_\_\_

**Parent’s Family Assistance Office Reference Number (CRN):** \_\_\_\_\_

**DOES YOUR CHILD HAVE ANY CULTURAL, RELIGIOUS OR DIETARY REQUIREMENTS OR ADDITIONAL NEEDS ?**

**YES / NO (If yes please provide details)**

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

**SECTION 2: BOOKING DETAILS**

**CASUAL BOOKINGS REQUIRED (Please circle) YES / NO**

**PERMANENT BOOKINGS REQUIRED (Please circle) YES / NO**

**MORNING** Monday Tuesday Wednesday Thursday Friday

**AFTERNOON** Monday Tuesday Wednesday Thursday Friday

**SECTION 3: CUSTODY INFORMATION**

**CHILD LIVES WITH: (Please Circle)**

BOTH PARENTS FATHER ONLY MOTHER ONLY JOINT CUSTODY GUARDIAN

**COURT ORDERS / PARENTING PLANS**

Are there any Court Orders pertaining to custody or residence of your child?

YES  NO  *If YES please provide copies of any Court Orders*

Are there any Parenting Orders / Plans in place for your child?

YES  NO  *If YES please provide copies of any Parenting Orders / Plans*

**NOTE:** *The Centre cannot enforce custody issues without a copy of the relevant Court Order at the Centre. Please discuss any custody issues with the Centre Coordinator before enrolment.*

**SECTION 4: PARENT / GUARDIAN DETAILS**

**PARENT / GUARDIAN 1 NAME:** \_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE: (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

MOBILE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

ARE YOU AN AUSTRALIAN RESIDENT: YES / NO

COUNTRY OF BIRTH \_\_\_\_\_

AUTHORISED TO COLLECT CHILD YES / NO

**PARENT / GUARDIAN 2 NAME:** \_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE: (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

MOBILE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

ARE YOU AN AUSTRALIAN RESIDENT: YES / NO

COUNTRY OF BIRTH \_\_\_\_\_

AUTHORISED TO COLLECT CHILD YES / NO

**SECTION 5:**

**EMERGENCY CONTACTS:**

**(Please list someone other than parents / guardians)**

*Note: Emergency Contacts must be over 18 years of age*

I authorise the staff of the service to contact the following people, if both parents cannot be contacted, in the case of an emergency. These people can consent to medical treatment of my child by a registered medical practitioner, dental service, hospital or ambulance service, transportation of my child by an ambulance service and authorise administration of medication to my child.

**EMERGENCY CONTACT 1 (must be different from Parent / Caregiver)**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE: (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

MOBILE: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_

AUTHORISED TO COLLECT CHILD                      YES / NO

**EMERGENCY CONTACT 2 (must be different from Parent / Caregiver)**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE: (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

MOBILE: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_

AUTHORISED TO COLLECT CHILD                      YES / NO

**SECTION 6: NAMES OF OTHER PEOPLE I WILL ALLOW TO COLLECT MY CHILD:**  
**(Other than Parents and Emergency contacts)**  
*Note: Authorised person must be over 18 years of age*

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE: (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

MOBILE: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE: (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

MOBILE: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE: (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

MOBILE: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE: (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

MOBILE: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_

***NOTE: Only those people to whom you have given authority will be permitted to collect your child from the centre.***

Date Reviewed: 2 November 2022  
Date for next review and evaluation: 2 November 2023

**SECTION 7: MEDICAL INFORMATION**

Does your child suffer from any allergies (including food, asthma or anaphylaxis)? YES  NO

*If YES please provide details, including a copy of a medical management plan or risk minimisation plan prepared by the child’s doctor.*

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Does your child require regular medication ? YES  NO

*If YES please provide details*

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Is there any medical condition from which your child suffers that needs to be brought to the attention of the TROOSHC staff ?

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Describe any activities that your child should not do or will be restricted by because of health or medical reasons.

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Has your child received the necessary immunisations for their age ? YES  NO

Please provide a copy of your child’s certificate of immunisation or exemption.

**DOCTOR’S DETAILS:**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**MEDICARE NUMBER:** \_\_\_\_\_

**SECTION 8: EXPECTATIONS OF BEHAVIOUR**

The positive guidance of children’s behaviour by educators is essential to the provision of a safe, interesting and relaxed recreational learning environment.

The purpose of educator support and guidance is to ensure:

- the successful placement of your child at the service
- the safety and security of the children and educators
- the rights and feelings of children and educators are respected
- children’s self-management of behaviour

While most children settle well into OOSH care, a few children find it more difficult to become familiar and comfortable in this setting.

In order to protect all children and staff within our service and provide a safe place to play and engage, it is important that we monitor and review children’s behaviours.

To assist TROOSHC to provide the best possible service for your child, and to enable us to assess your child’s specific needs, the following information is required:

- Does your child have any specific behavioural, physical, emotional or social needs. This may include ADD, ADHD, Autism Spectrum Disorder etc. YES  NO

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

- Are there any special care instructions that may assist us in caring for your Child? YES  NO

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

- Does your child use any support services? YES  NO   
For example Speech Therapist, Occupational Therapist, Physiotherapist, Counsellor

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

- Does your child have any history of violent behaviour? YES  NO

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

- Does your child display other behavioural issues ? YES  NO   
For example intimidation, bullying or harassment etc

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

If a child’s behaviour at TROOSHC causes injury or is a threat to others, then their ongoing place at TROOSHC may be reviewed. Review of a child’s place may include suspending or discontinuing care. This is never an easy decision to make, however, in order to ensure the safety and security for all the children and educators it is sometimes the only step that can be taken.

A child’s position may be reviewed if the following unacceptable or dangerous behaviours are displayed:

- Bullying
- Threatening or intimidating behaviour or language towards other children or educators
- Hitting, punching, pushing or other physical force or harm of a child or educator
- Deliberately taking or destroying property or belongings of others including throwing equipment or furniture
- Consistently and deliberately failing to do as they are asked by educators
- Any other behaviour that threatens the personal safety of others at TROOSHC

These behaviours are unacceptable, and parents will be called to collect their child immediately.

I confirm that I have provided all relevant information on my child’s development, diagnosed illnesses, disabilities and additional support needs.

**Signed:** \_\_\_\_\_

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



## **SECTION 9: FEES**

### **1) ATTENDANCE FEES:**

As per Parent Information Handbook – attendance fees are to be paid on a fortnightly in advance arrangement. Payments can be made to the Centre by cash or by direct electronic payment.

### **2) MEMBERSHIP FEES:**

An Annual Membership Fee will be charged to each families account after the Annual General Meeting (AGM) each year. The fee approved as at the AGM of 9 April 2013 is \$2.00.

### **3) NOTICE OF DISCONTINUATION OF SERVICE:**

When you wish to discontinue and terminate your child's care place at TROOSHC you are required to provide two (2) weeks written notice to the Coordinator, or you are liable to pay the equivalent of two weeks child care fees to the centre.

### **4) ABSENCES FROM THE CENTRE:**

Fees are payable for family holidays and sick periods if those days fall on a day that your child is booked into the Centre.

### **5) CENTRE CLOSURE:**

No fee is charged while the Centre is closed.

### **6) LATE FEES (per child):**

The Centre is open from 7.00 am to 8.20 am for Before School Care; 3.10 pm to 6.30 pm for After School Care and 8.00 am to 6.00 pm for Vacation Care. Should children be present after the advised closing times, a late fee will be applicable. Late fees are currently \$15.00 for the first 5 minutes, \$30.00 for more than 5 minutes but less than 15 minutes and \$50.00 for more than 15 minutes after the centres normal closing time.

### **7) PAYMENT OF FEES:**

I understand that fees must be paid once invoiced within the advised due date and that my child's place at the Centre may be terminated if fees are not up to date and that I may be liable for any additional costs incurred in recovery of outstanding fees.

### **8) DEBT RECOVERY COSTS:**

I understand that I am liable for any recovery costs including administrative fees, debt recovery fees, Solicitors fees and disbursements incurred by Trebor Road Out Of School Hours Care as a result of my failure to pay fees and charges for the service provided within the strict terms of payment specified in this agreement.

In the case of a default, the Parent/Guardian acknowledges that any enrolment information specifically required for the purpose of debt recovery and identification of individuals in default may be forwarded to a Legal and Commercial Recoveries Agency for legal recovery action.

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I understand that in the case of a default on payment for childcare fees, enrolment details may be listed on the National Default Registry for a period of six (6) years and thirty (30) days or until paid. This information may be accessed by other care providers at the time of enrolment.

## **SECTION 10: MEMBERSHIP**

The Centre is an Incorporated Association and as such, by enrolling my child in the Centre, I agree to be bound by the rules of the Association for the period of my child's enrolment. I understand that as a member of the Incorporated Association, one representative of my child's family is entitled to voting rights at the Annual General Meeting held by the Centre and that I may be nominated (with consent) for a position on the Management Committee at the Annual General Meeting.

## **SECTION 11: AUTHORISATIONS AND APPROVALS**

***NOTE:** Please read this section carefully. If you do not give your permission for any of the following, please cross it out and initial next to it. PLEASE BE AWARE THAT POINTS 5 AND 6 ARE COMPULSORY*

### **1) PERMISSION TO SEEK MEDICAL ASSISTANCE IN AN EMERGENCY**

I authorise the staff at TROOSHC, to:

- Seek urgent medical treatment from a registered medical practitioner, dental service, hospital or ambulance service
- Carry out urgent medical treatment
- Release my child to the care of medical or emergency services if deemed necessary
- Transport my child by ambulance if deemed necessary

I understand that relevant information on this form will be passed to hospital / medical staff if required.

I understand that staff will take every care of my child while he/she is at the service but cannot be held responsible for any accidents that may occur.

### **2) PERMISSION TO CARRY OUT APPROPRIATE FIRST AID TREATMENT**

That in the case of accident or other emergency resulting in the need for immediate medical attention, I hereby give permission for the service to carry out appropriate first aid treatments.

### **3) PERMISSION TO APPLY SUNSCREEN**

I give permission for staff to apply sunscreen, as required, to my child before outdoor play activities.

### **4) PERMISSION FOR PHOTOGRAPHS TO BE TAKEN / DISPLAYED**

I hereby consent to my child being photographed for display at the Centre

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*Note: There are a number of reasons the Centre takes photographs of the children, including:*

- *Providing visual documentation for families to see what their child does at the Centre*
- *To assist with evaluations of the program*
- *To use as part of promotion and publicity for the Centre*

## **5) NOTIFICATION OF ARRIVAL AND DEPARTURE OF CHILDREN**

I agree to have my child signed in and out on the appropriate documentation at the Centre on arrival and departure each day they attend the Centre. This is a Legal requirement.

## **6) CHILD ABSENCE**

I agree to notify the Centre if my child is absent from the Centre on a day / session that they are booked in.

## **7) TRANSPORT**

I authorise all emergency contacts (listed in Section 5 of this form) to be able to consent for my child to be:

- Taken outside the service premises with an educator.
- Transported in a vehicle by the educator/service or by other transportation as arranged by the educator / service.
- Able to attend excursions outside the service premises.

## **SECTION 12: DISCLAIMERS / INFORMED CONSENTS**

I hereby acknowledge that:

- I have read and understand the Centre's procedures and conditions contained in this enrolment (and which may be changed by notice from time to time by the Centre at its sole discretion)
- The Policies and Procedures incorporate any relevant statutory obligations imposed on the Centre and have been put in place to protect my child
- I must strictly comply with the Policies and Procedures at all times
- I will inform the Centre immediately in writing if there are any changes to the information provided by me in this enrolment record
- When caring for my child the Centre will rely on the information provided by me in this enrolment record and any other instructions / information (of any nature whatsoever) I give to the Centre
- I am totally responsible for the accuracy of the information and my compliance with the Centre's Policies and Procedures
- I am totally responsible for the suitability and actions of any person / persons whom I authorise to visit, deliver, and or collect my child to / from the service (Other Person/s).
- I must inform any Other Person/s about the Policies & Procedures and that they must strictly comply with them.

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**SECTION 13: DECLARATION**

**I hereby declare that I have read and completed all sections of this Enrolment Form and, that to the best of my knowledge, the information provided is true and accurate.**

**PARENT 1 OR GUARDIAN'S NAME (please print):**

\_\_\_\_\_

**PARENT 1 OR GUARDIAN'S SIGNATURE:**

\_\_\_\_\_

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

**PARENT 2 OR GUARDIAN'S NAME (please print):**

\_\_\_\_\_

**PARENT 2 OR GUARDIAN'S SIGNATURE:**

\_\_\_\_\_

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

*All information contained in this Enrolment form is regarded as confidential and shall only be viewed by primary contact staff*

**(This form is to be completed and returned before the child commences care)**

Date Reviewed: 2 November 2022

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