

**Kalamunda Out of School Centre**  
**Parent/Guardian Registration Agreement 2017**

1. I/We have viewed the Kalamunda Out of School Centre (hereafter called the Centre) and consent to the enrolment of the admitting child/ren (hereafter referred to as the child).
2. I/We acknowledge having received and read the Parent Handbook and we understand that any changes to such will be displayed on the Centre's notice-board in the Centre or emailed to parents.
3. I/We agree to comply with all Government requirements in relation to the Centre and its service.
4. I/We agree that in any case of accident or injury, the Centre will attempt to contact us and where we cannot be contacted medical care may be sought and given to the child. We agree to meet any expenses incurred. In the case of an emergency as determined by the Staff at the centre, we authorize the Centre to contact and Ambulance and send the child to hospital and we agree to meet the cost of an Ambulance.
5. I/we agree that if Centre staff cannot obtain my permission in the event of medical care needing to be administered/provided to my child/ren I consent to an authorised contact making this decision on my behalf.
6. I/we understand that I may be charged for any damage my child/ren do to any of the centre's property.
7. I/We agree to pay the weekly fees in advance as determined by the Centre's payment requirement. I will approach the Centre Nominated Supervisor if I am having any difficulties, so alternate arrangements may be made. If my account is referred onto the Centre's debt collection agency for external collection I will be liable for all resulting costs arising from the recovery, including commission which would be payable if the account is paid in full and legal costs including demand costs.
8. I/We are aware that it is our responsibility to maintain a current Family Assistance Office Income Assessment Notice for Child Care Benefit purposes.
9. I/We understand that all bookings permanent or casual will be payable once booked, regardless of absence due to sickness
10. I/We understand that 2 weeks' notice is required to cancel care. Any care provided in the notice period will be charged.
11. I/We understand that any Family holidays outside of school holidays will incur a 50% of weekly fee, to hold the child/rens position.
12. I/We understand that a system of payment for late collection operates at the Centre to cover overtime payments for staff. Any late collection will result in a fee being imposed, \$15 for being 5 minutes (or part thereof) late.
13. I/We understand that we will be charged a \$15 no notification fee should we fail to notify the centre of our child's absence from the centre.
14. I/We understand that the children who are a third priority in the Children's Services Priority of Access guidelines may be required to alter their days or give up their place at the Centre in order to provide a place for a higher priority child.  
  
The priorities are as follows:
  - First Priority: Children at risk of serious abuse or neglect.
  - Second Priority: Children whose parents satisfy the work/training/study test under sections 14 of the Family Assistance Act.
  - Third Priority: Any other child.
15. I/We are aware that the child will be excluded from care at the Centre if he/she has contracted a contagious disease of condition. We understand the child will be accepted back into the Centre upon provision of a 'clearance certificate' for the child from a medical practitioner. If the child develops a long

term medical condition we will provide a medical certificate and consent to all staff being made aware of the long term medical condition.

16. I/We give permission for the child to participate in outings to places of interest in close proximity to the centre e.g. Walliston Primary School.
17. I/We will be aware of all programmed activities and will provide written evidence for my child if I choose for them not to participate.
18. I/We are aware that the Centre closes for a 10 day period over the Christmas/New Year break and public holidays throughout the year. These days are not charged for.
19. I/We give permission for the child to be photographed for the centre purposes only.
20. I/We give agree to provide the Centre will all relevant information regarding the health of out child and any other information required by the centre.
21. We are aware that there may occasionally be visitors at the Centre and volunteers that may assist at the Centre. We consent to our child being in the presence of volunteers or visitors, with the Centre's appropriate supervision by qualified/experienced staff.
22. The Centre reserves the right to terminate this Agreement when, in its discretion, it considers that to do so would be in the interest of the Centre. It agrees to give the parent reasonable notice of its intention to exercise this right and will refund any payments in credit.
23. We, the Kalamunda Out of School Centre acknowledges the unique time of middle childhood by providing high-quality care that recognises and respects the individuality of each child and their family:  
KOSC aims to:
  - Provide and environment that maximises each child's social, physical, emotional and intellectual potential in a safe, healthy, caring and stimulating environment.
  - High quality child care is seen as a right not a privilege.
  - We believe that all children need a dynamic and structured child care environment in order to gain security, maximise their learning, through play and socialising and learn respect for the rights of others.
  - Children's behaviour, learning experiences and developmental obstacles will be managed positively, and all children will be encouraged to take responsibility for their behaviour and to acknowledge the rights of others.
  - Within this structure, we maintain that flexibility is required in order to provide a sensitive and informal approach to children's and their family needs.
  - We recognise and value the expertise, experience, academic training and commitment of our staff.
  - We fully support their continuing professional development, believing this is also in the best interests of the high standards of our centre, and more importantly the best interest of the children.
  - The family's beliefs, values and cultures will be respected at all times, which fosters cultural awareness and understanding and which bolsters each child's experience within the centre.
  - KOSC will not discriminate on the basis of gender, race, religion, culture and language or physical/intellectual disabilities.

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I/We have read this contract and agree to abide by the conditions of use of the Centre and this contract. The information provided is true and correct.

Child 1: \_\_\_\_\_  
Child 2: \_\_\_\_\_  
Child 3: \_\_\_\_\_  
Child 4: \_\_\_\_\_

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

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

Nominated/Certified Supervisor: \_\_\_\_\_ Date \_\_\_\_\_

## **PERMISSION TO TRANSPORT CHILDREN**

Children attending KOSC that require transport to or from their school will be transported by Buswest (contracted service). Children will also utilize a bus service during Vacation Care.

### **KOSC BUS RULES**

1. Make sure you are on time to be picked up at the designated area.
  2. Always sit while the bus is moving/stationary. [Road Traffic Code 2000 (WA)].
  3. Wait until the bus stops before getting on or off.
  4. No eating or drinking on the bus.
  5. Do not put anything out of the bus windows.
  6. Listen to the bus driver and do what they ask.
- **The bus rules will be displayed in the centre and/or on the bus.**
  - **If children do not follow the KOSC bus rules parents will be contacted in writing**
  - **Children may be refused travel on the bus depending on the nature of the incident. Parents will be held responsible for any damage caused to the bus (e.g. Graffiti, tearing of seat upholstery) by their children.**

I give permission for my child/ren to be transported by contracted bus service before/after school and during Vacation Care Periods.

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

### **WALLISTON PRIMARY SCHOOL**

In the event that the bus is not available or that the morning bus experience too many drop offs, I give permission for my child/ren to walk to/from Walliston PS with an educator.

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

### **PARENT PARTICIPATION**

1. Can you contribute skills or talents to our centre, ie music, cooking, story telling, sewing etc?

\_\_\_\_\_

2. Would you be interested in joining our Parent Management Committee? **YES / NO**

3. Do you have any suggestions on how parents can be involved in our centre?

\_\_\_\_\_

### **PHOTOGRAPHY**

I give permission for my child's photograph to be used in newspapers, newsletters, transmitted by email and other public advertising.

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

**KALAMUNDA OUT OF SCHOOL CENTRE**  
**12 GROVE ROAD WALLISTON WA 6076**  
**POSTAL ADDRESS: PO BOX 326 KALAMUNDA WA 6076**  
**PHONE (08) 9291 0088**  
**EMAIL: kosc@bigpond.net.au**



**PARENT/GUARDIAN DETAILS**

	Parent/Guardian 1	Parent/Guardian 2
<b>Title</b>		
<b>First Name</b>		
<b>Last Name</b>		
<b>CRN</b>		
<b>Drivers License</b>	Attach Copy	Attach Copy
<b>Home Address</b>		
	Suburb Postcode	Suburb Postcode
<b>Postal Address</b>		
	Suburb Postcode	Suburb Postcode
<b>Home Phone</b>		
<b>Mobile Phone</b>		
<b>Nationality</b>		
<b>Language Spoken</b>		
<b>Marital Status</b>		
<b>D.O.B (required)</b>		
<b>Occupation</b>		
<b>Work Name</b>		
<b>Work Address</b>		
	Suburb Postcode	Suburb Postcode
<b>Work Phone</b>		
<b>Family Doctor</b>		
<b>Phone</b>		
<b>Family Dentist</b>		
<b>Phone</b>		
<b>Medicare Number</b>		
<b>Email address</b>		

**ARE THERE ANY CUSTODY / ACCESS ORDERS? YES / NO**

If yes a copy must be given to Nominated/Certified Supervisor

I/we are aware that the person/s nominated here as parent/guardian are the authorised parties to enrol, cancel enrolment, release and have the centre release the children/to.

**Parent/Guardian 1 Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian 2 Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FAMILY BACKGROUND**

Please tell us more about your family values, cultural background, traditions so that we can include this information in our centre program.

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## CHILD 1 ENROLMENT

First Name						
Last Name						
D.O.B (required)						
CRN (from Centrelink)						
Date to start						
Place of Birth						
Language spoken at home						
Religion						
Nationality						
Care & Days required eg. Before SC, After SC, Vacation (please tick)		MON	TUES	WED	THUR	FRI
	AM TERM					
	PM TERM					
	VAC					

1. Does your child have any ALLERGIES? Include foods you don't want your child to eat?

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2. Does your child have any known INTOLERANCES? E.g. citrus

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3. Does your child take any regular medication? (if taken at KOSC a medication form is required)

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4. Child's present health status?    Average / Good / Excellent

5. What are your child's strengths?

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6. What are your child's needs?

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7. What are your child's interests?

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8. What school does your child attend? \_\_\_\_\_

9. Is there anything else we should know about?

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- Please attach Birth Certificate & Immunisation records
- Please attach Asthma Plan & Anaphylaxis Plan (if applicable)

## CHILD 2 ENROLMENT

First Name						
Last Name						
D.O.B (required)						
CRN (from Centrelink)						
Date to start						
Place of Birth						
Language spoken at home						
Religion						
Nationality						
Care & Days required eg. Before SC, After SC, Vacation (please tick)		MON	TUES	WED	THUR	FRI
	AM TERM					
	PM TERM					
	VAC					

1. Does your child have any ALLERGIES? Include foods you don't want your child to eat?

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2. Does your child have any known INTOLERANCES? E.g. citrus

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3. Does your child take any regular medication? (if taken at KOSC a medication form is required)

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4. Child's present health status?    Average / Good / Excellent

5. What are your child's strengths?

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6. What are your child's needs?

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7. What are your child's interests?

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8. What school does your child attend? \_\_\_\_\_

9. Is there anything else we should know about?

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- Please attach Birth Certificate & Immunisation records
- Please attach Asthma Plan & Anaphylaxis Plan (if applicable)

### CHILD 3 ENROLMENT

First Name						
Last Name						
D.O.B (required)						
CRN (from Centrelink)						
Date to start						
Place of Birth						
Language spoken at home						
Religion						
Nationality						
Care & Days required eg. Before SC, After SC, Vacation (please tick)		MON	TUES	WED	THUR	FRI
	AM TERM					
	PM TERM					
	VAC					

1. Does your child have any ALLERGIES? Include foods you don't want your child to eat?

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2. Does your child have any known INTOLERANCES? E.g. citrus

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3. Does your child take any regular medication? (if taken at KOSC a medication form is required)

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4. Child's present health status?    Average / Good / Excellent

5. What are your child's strengths?

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6. What are your child's needs?

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7. What are your child's interests?

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8. What school does your child attend? \_\_\_\_\_

9. Is there anything else we should know about?

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- Please attach Birth Certificate & Immunisation records
- Please attach Asthma Plan & Anaphylaxis Plan (if applicable)

## Health of the Child/ren Form

### Special Health Support Needs:

Does your child have any special health support needs? (ie asthma, diabetes, epilepsy, allergies (anaphylaxis), special dietary requirements regular medical attention etc).

**YES / NO**

If your answer is YES please specify:

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You and your Doctor will be required to complete a “**Special Needs Support Plan**” and/or an “**Emergency Action Plan**”, to ensure the centre is fully prepared to manage your child’s special health needs. This will include appropriately training staff to administer medication or other actions required to manage your child’s condition. Please see following pages.

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### Ointments, Creams and Applications:

The Centre provides various preparations for First Aid: protection from the sun or biting insects. Please indicate below if your child is allergic to any first aid products. . I confirm I have applied these products to my child on more than three occasions without incident.

PRODUCT	BRAND	APPLIED FOR	PARENT SIGNATURE
Antiseptic Cream	Savlon	Various Ailments	
Sun cream	Woolworths/Cancer Council	Preventing Sun burn	
Stingose Spray	Stingose	Bites/Stings/Itching	
Band-aids	Various brands	Cuts/Grazes/Bites/Stings	
Wound Spray	Dettol	Cleaning wound	
Teething gel	Bonjela	Sore teeth/mouth ulcers	

- I understand that for all other medications I must complete and sign an **Authority to Give Medication** form on the day in which medicine is to be administered/self administered.
- I have read and agree to follow the centre policy on Administration of Medication.
- I have signed previously granting staff permission to seek medical attention when needed for my child.

Signature of Guardian / Parent (1): \_\_\_\_\_ Date \_\_\_\_\_

Signature of Guardian / Parent (2): \_\_\_\_\_ Date \_\_\_\_\_



**SPECIAL HEALTH NEEDS SUPPORT PLAN**

**CONFIDENTIAL**

To be completed by the child's General Practitioner or Specialist Health Professional and Parent/Guardian for a child requiring additional care/supervision related to his or her health or well-being. This information is confidential and will be available only to supervising staff and emergency medical personnel.

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Medic Alert number (If applicable) : \_\_\_\_\_ Review Date: \_\_\_\_\_

**Description of the condition:** It is not necessary to provide a full medical history. Staff members need to know information relevant only to the child's attendance, learning and care at the child care service.


**Management issues for child care service**

Please include only information child care staff will need to care for the child, for example:

- Impact on capacity to attend and participate in routine learning activities
- Limitations on physical activity
- Need for rest/privacy
- Need for additional emotional support
- Behaviour management plan
- Considerations necessary for excursions, camps etc.


**First Aid:**

If a child becomes ill or is injured, child care personnel will administer first aid and call an ambulance if necessary. If you anticipate this child will require anything other than a standard first aid response, please provide detailed written requirements so special arrangements can be negotiated.


**SPECIAL HEALTH NEEDS SUPPORT PLAN (contd)**  
**MEDICATION REQUIREMENTS**

If the child requires medication whilst at child care, please complete the following:

**Please:**

- Schedule medication outside care hours whenever possible
- Be specific: “**As needed**” is not sufficient direction for staff members – they need to know exactly when medication is required.
- Nominate the simplest method of administration – child care staff are not trained to give medication other than orally.

**Please note that child care workers:**

- Accept only medication which has been prescribed by a doctor and is provided in the original, fully labelled pharmacy container
- Do not monitor the effects of medication as they have no training to do this
- Are instructed to seek emergency medical assistance if concerned about a child’s behaviour following medication

<b>Name of Medication and form</b> (eg liquid, capsule, ointment etc)	<b>Dose</b>	<b>Route</b> (eg oral or inhaled)	<b>Time</b> (please be specific about when medication is to be administered)
Any other information			

**Please note:** With Primary School age children, the centre may supervise children to self administer medication where recommended. If self administration is recommended please advise of any special conditions for self management.

<b>AUTHORISATION AND RELEASE</b>	
Medical Practitioner.....	Professional Role: .....
Address.....	
.....Postcode: .....Telephone: .....	
Signature: .....	Date: .....
<b>I have read, understood and agree to the actions to be taken by centre staff detailed in this plan. I approve the release of this information to child care staff and emergency medical personnel.</b>	
Parent/guardian .....	Signature: ..... Date: .....
Family name	First name

*THE CENTRE ACCEPTS NO LIABILITY FOR ANY ACTIONS TAKEN IN LINE WITH THIS PLAN WHICH HAVE BEEN AUTHORISED BY THE PARENT/GUARDIAN IN SIGNING THIS FORM.*

**AUTHORITY TO COLLECT**

**PLEASE DO NOT INCLUDE PARENT OR GUARDIAN DETAILS.**

	Contact 1	Contact 1	Contact 3
<b>First Name</b>			
<b>Last Name</b>			
<b>Address</b>			
<b>Home Phone</b>			
<b>Mobile Phone</b>			
<b>Work Phone</b>			
<b>Relationship to child</b>			

**EMERGENCY CONTACTS**

Please tick if same as above

	Contact 1	Contact 1	Contact 3
<b>First Name</b>			
<b>Last Name</b>			
<b>Address</b>			
<b>Home Phone</b>			
<b>Mobile Phone</b>			
<b>Work Phone</b>			
<b>Relationship to child</b>			

**NEED FOR WRITTEN CONSENT**

I understand that written consent will be required if:

- My child/ren will be picked up by anyone not named on this enrolment form
- My child/ren be allowed to leave the centre alone or with another minor (anyone under 18yrs)
- Any activity which includes swimming or water sports
- My child/ren is to be transported to/from any activity not associated with KOSC

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

**CHILD CARE BENEFIT**

**Please apply to Centrelink for a Customer Reference Number (CRN). Phone: 13 61 50.**

**Set up an account at my.gov.au to assist with maintaining access to your Centrelink information.**

Having a CRN entitles you to weekly discounts or annual discounts. It also enables you to claim 50% of your out of pocket expenses at the end of each quarter or the financial year.

**Please do not return your enrolment form in without a CRN as it will not be processed unless you stipulate you do not want any type of Centrelink Discount.**

I have another child attending a separate child care centre (e.g. Long day Care)

Parent Name \_\_\_\_\_ CRN \_\_\_\_\_  
 Child Name \_\_\_\_\_ CRN \_\_\_\_\_  
 Child Name \_\_\_\_\_ CRN \_\_\_\_\_  
 Child Name \_\_\_\_\_ CRN \_\_\_\_\_

I am claiming Child Care Rebate 50% from the centre.  
 I do not want any child care benefit discounts.

## **Kalamunda out of School Centre Privacy Statement**

The Kalamunda out of School Centre service of 12 Grove Road Walliston is required to collect personal and health information from or about families within the following forms:

- Centre Enrolment Form
- Child Profiles
- Attendance Register
- Accident/Illness Reports
- Authorisations to Give Medication
- Medical Certificates
- Statement of Child Care Usage Forms
- Family Assistance Office Assessment Forms
- Inclusion Support Subsidy forms

This information is required to ensure the health and safety of your child whilst in our care, and to meet legislative requirements set down in:

Education and Care Services National Law Act 2012 (WA)  
Education and Care Services National Regulations

The information you give is used by those Centre staff who need to access the information to meet the above requirements, and may also be disclosed to the following authorities:

Education and Care Regulatory Unit officers  
Department of Families, Community Services & Indigenous Affairs Officers (Child Care Act 1972)  
Department for Communities Officers (Children and Community Services Act 2004)  
Department for Child Protection (Children and Community Services Act 2004)  
Family Assistance Office Review Officers (Child Care Benefit)

All personal information is kept in a secure place to protect it from unauthorised access, modification or disclosure.

You are entitled to access personal and private information kept about you and your family on request, and may ask for inaccurate information to be up-dated or corrected.

Failure to provide the required information will result in non-acceptance of your child's enrolment.

You may contact Kalamunda out of school centre on (08) 9291 0088